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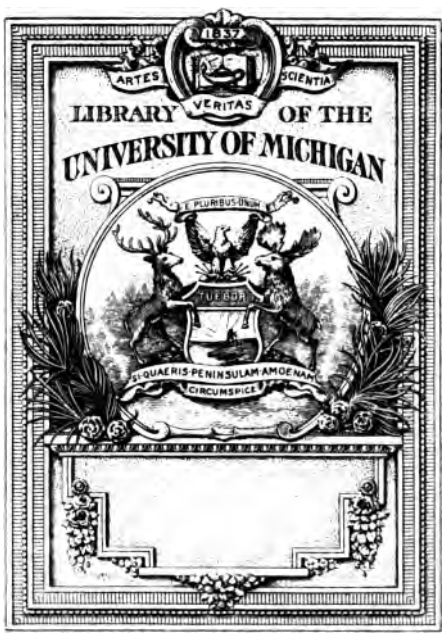
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THE MEDICO-PHARMACEUTICAL

CRITIC AND GUIDE

WILLIAM J. ROBINSON, PH.G., M.D.
Editor and Founder.

A Journal of Individuality. A Free Lance in the Noblest Sense of the Word. No "policy" except the policy of Truth, Honesty and Fairness. No Padding. No dead Matter. All Frauds and Humbugs fearlessly Exposed.

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1904.

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CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol III. JANUARY 1904. No. 1.

NEW YEAR'S WISHES.

I wish you a Happy New Year! May the three great blessings, Health, Honorable Success and Peace of Mind, be yours in the fullest measure.

Health. Strange as it may seem, members of no other profession or trade are so much in need of being reminded of the importance of Health, as are the members of the medical and pharmaceutical professions. The doctor who attends to the bodies of other people, only too frequently neglects his own, forgetting that he too is mortal. And who leads a more unhygienic life than the druggist? who sees so little of the sky, breathes so little of nature's fresh air and spends so much of his life in a backroom, in an atmosphere permeated with the perfume of iodoform, phenol and asafetida, as the druggist? People forget that health is the very foundation of life; that without it life is not worth living, the other two factors of happiness being impossible without it. Of course we know, that great men can accomplish much in spite of poor health; Darwin and Spencer, tho practically invalids, have nevertheless revolutionized the world of thought. But this applies to genius only, and not to ordinary people, like you and I.

Honorable Success. It must be honorable, because if not honorable it is not true success, and besides with dishonorable success, the third factor of happiness, Peace of Mind, is impossible.

Peace of Mind. This is an absolute essential to happiness. You may have health, you may have riches, you may have an enviable social position, but if a little devil is sitting in the corner of your brain (or is it the heart?) and gnawing away silently and ceaselessly, then your life will be a life of misery and wretchedness. Once more therefore I wish you Health, Success and Peace of Mind.

THE IMPOSSIBLE ACCOMPLISHED.

My friends have always given me credit of being able to conduct with fair success a medical or a pharmaceutical journal. But even my staunchest adherents shook their heads doubtfully when I stated that it was my intention to make the CRITIC AND GUIDE a medico-pharmaceutical journal. The thing is impossible, they said. The interests and aims of the two professions—those of medicine and of pharmacy — are not only different, they are often directly antagonistic. Then the educational standard of the two professions is very uneven. What would please the physician, would seem like Greek to the druggist, and what would please the latter, would often seem trivial and unimportant to the former. I recognized the modicum of truth in the above objections, but decided to try nevertheless. I tried and succeeded; succeeded beyond expectations. It is very difficult to state which of the two professions is better pleased with the CRITIC AND GUIDE. That they are pleased, we know from the daily letters, from the numerous ½ years' subscriptions, that are coming in and from the fact that practically every subscriber is a missionary considering it his moral duty to get in new subscribers for *his* CRITIC AND GUIDE.

If I were asked to state, how I accomplished the difficult task of such a heterogenous constitu-

d answer: *I succeeded in ybody by not trying to y.*—The average editor set of chains, one set is imposed by the publisher, by the "policy" of the journal; the other set, which cuts into the editorial flesh perhaps still deeper than the first, is that imposed by the readers. Many a good editorial remains unwritten or goes into the waste basket on "sober" second thought, because the editor fears, the readers might be offended, and he might lose two and a half subscribers.

Thank God, I wear no chains of any kind. I try to think right, and then I write as I think. I have no "policy", and I never give a thought to the idea whether my readers will be pleased or displeased with what I write. If they are pleased, very well. If they are displeased, they are at liberty to haul me over the coals in the pages of my own journal. And this is what I consider true journalism. And my readers *feel* it. And they feel, furthermore, that this is not a money making journal, they feel, that it is a journal with a mission, with an ideal. And that's why I have succeeded in accomplishing the impossible.

There is a something, which makes all mankind akin, there is a something which endears a journal to all classes of readers, no matter what their profession, what their social position, what their religious, political and economic beliefs. And the CRITIC AND GUIDE possesses that something.

* * *

And it is also well to bear in mind, that the CRITIC AND GUIDE is equally well appreciated by the leaders of the professions and by the rank and file. The Dean of the Medical College, and the modest general practitioner, the College of Pharmacy Professor and the obscure pill roller are equally emphatic in their approval of our humble efforts.

AMERICAN AND EUROPEAN PHARMACEUTICAL PRODUCTS.

My Stand on the Subject.

The nostrum mixers are in utter dismay at the boldness, fearlessness and constantly growing influence of the CRITIC & GUIDE. They don't know what to make of it. Utterly unused to any altruistic action, unable to understand the meaning of a fight for the right just for right's sake, they are asking themselves: What does it all mean? And unable to find an answer and dismayed at the havoc that the CRITIC & GUIDE'S exposures are working with some of their nostrums, they decided to have recourse to the general weapon of the dishonest opponent: Namely, to lies and misrepresentations. The noble editors of the Medical Brief and of the New England Medical Monthly are trying to spread the belief that the principal object of the CRITIC & GUIDE is to down American products and to boom the German synthetics. Of course no bigger lie was ever uttered, and the gentlemen responsible for it know it, but those who believe that all is fair in war, do not stop at such a little thing as the perversion of truth.

But I shall gladly take this opportunity to make my position clear on the subject

I yield to no one in loyalty to the cause of American pharmacy, and it is my earnest hope that in the not far distant future American chemistry will be fully equal if not superior to that of Europe. We must, however, carefully distinguish between true chemical compounds and those nostrums, with secret formulas, which are mere mixtures and which every up to date druggist is competent to prepare. It is a reproach upon the medical practitioner that he should permit these nostrum manufacturers to do his prescribing and deprive the druggist of his just emoluments. There is no doubt in my mind that in the production of palatable and agreeable preparations, so-called elegant pharmacy, America leads the world. Our pills, tablets, elixirs, fluid extracts, etc. are unsurpassed, and my criticisms have never been aimed against manufacturers, who place upon the market strictly ethical products, the ingredients of which are freely made known to the medical profession. Such firms as Parke, Davis & Co., Schieffelin & Co., Sharp & Dohme, and John Wyeth & Brother need no defense on my part; they are an honor to American pharmacy and not a disgrace like the nostrums which are lauded in the Medical Brief, New England Medical Monthly etc., etc.

But the jingo statement made in a Medical Brief editorial that there are no better chemists in the world than those of America simply betrays the silliness and ignorance of the writer. American chemistry is still in its infancy, altho such firms as Parke, Davis & Co., are setting an example in chemical research which cannot but result in rapid progress in this field. The production of such true chemicals as acetozone, adrenalin, chloretone, mercurol, argyrol, ovoferrin, etc., marks an era in American Chemistry. These are true chemical compounds, which must be strictly distinguished from the chemical mixtures with high-sounding names and fictitious formulæ which are being so extensively exploited. I need only refer to such alleged chemical combinations as antikamnia, phenalgin and ammonol, the

active ingredient of all of which is acetanilid.

That there be no misunderstanding of my aims, I would again emphasize that I cordially welcome any new chemical product of American or European origin so long as it represents a real step forward in the alleviation of human suffering. I also welcome any advance in the production of palatable and agreeable and more efficient preparations, provided the manufacturers give full publicity to their composition and do not attempt to deceive the physician by vague and unreliable information. Such manufacturers as require the protection of the Medical Brief are enemies to legitimate pharmaceutical progress; enemies to the physician, druggist and the public alike; and it is against these that I shall continue to fight incessantly, unremittingly and unrelentingly, as long as it may please the almighty to grant me strength and ability to do my work.

WHY SHOULD DRUGGISTS AID IN THE SPREAD OF QUACKERY?

I cannot tell a lie, and even if what I am going to say should cost me 500 subscribers, I will say it all the same. I am not Don Quixotic enuf to demand that druggists should give up the sale of all patent nostrums; they could not exist if they did. But I do claim that it is a wretched piece of business for a druggist to become an active agent and *pusher* of those abominable concoctions. A few nights ago we were returning from a meeting at the Academy of Medicine. We passed a drug-store in 42nd street—Schoonmaker's Pharmacy—and it made me sick to see the well-illuminated window stocked from top to bottom with two preparations: Warner's Safe Cure and Duffy's Malt Whisky. We had just been discussing the relation of medicine to pharmacy. "Now, how can you expect any physician or any intelligent man to have respect for pharmacists, if they are the most active assistants of the nostrum mixers?" So said the other doctors and I had to hang my head in shame. And what shall we say, when we see a druggist's window all placarded with signs: We *recommend* Paine's Celery Compound? And one would think that such a contemptible fakir as Munyon would surely not get the endorsement of the pharmaceutical profession. But he does. For do we not see the drug store windows all filled with Munyon's wonderful discovery, Paw-Paw? Actually advertising and lauding that arch-fakir's mixtures!

No, my friends, I am getting sick of it. It will soon be impossible to defend you against any strictures. If the fakirs create a demand for their goods and you get calls for them, sell them. But don't you become foolish catspaws, exhibiting, advertising and pushing the sale of their goods for them. If you do, you must not be surprised, that some *highly intelligent*, radical people are begining to look upon the drug store as on a par with the rum-shop, some even claiming that the former is doing more damage than the latter.

Those are bitter truths, but we must face them boldly and we must *do* something, if we don't wish to see pharmacy disappear as a profession; if we expect to drag it out from the mire in which it is wallowing.

The best recipe for having strong, excellent and noble children is to be a strong, excellent and noble parent.

THE EFFECTIVE WORK OF THE CRITIC & GUIDE.

Another Disclaimer from a Medical Brief "Contributor."

Last month we printed Prof. Peterson's letter in which he denied ever having contributed an article to the Medical Brief. He showed the fraudulent manner in which the article was obtained, he never suspecting that it would be printed in that notorious journal. I confess that I felt a pain in my heart when I saw a contribution from Prof. John. A. Wyeth in the M. B. Prof. Wyeth, a world famous surgeon, ex-president of the American Medical Association and the Medical Brief! But just read what Prof. Wyeth writes. Read slowly and be enlightened:

NEW YORK CITY, Dec. 3, 1903.

To the Editor:—My attention has been called to an advertising circular of the *Medical Brief* in which my name appears as a contributor. Will you kindly permit me to state through the columns of your widely-circulated journal that the article on "Fracture of the Radius" was not written for the *Medical Brief.* Some months ago a woman stenographer called at my office and represented that she was in great financial distress and asked my to dictate to her some short article for which she said she would be able to obtain $20 which was greatly needed at that time to prevent her from being turned out of her home by her landlord. She promised that the article should be offered to the *New York Medical Journal* or to the *Medical Record,* and if not accepted by them she would return it to me. Since that time I have not seen her or the article, nor did I know what had become of it until I saw it advertised as a contribution to the *Medical Brief.* I learn that she has imposed on the generosity of other members of the profession here in this city in like manner.

JOHN A. WYETH.

The Medical Brief boasted that the little CRITIC & GUIDE could not hurt it. All the same, it is only 3 months since the editorial "Lending Prestige to Low Journals for a High Consideration" appeared and we have had already disclaimers from two of the foremost so-called Medical Brief "Contributors," and what is more important still, we have learned what methods the Brief employs for obtaining its articles. A matter which had always been shrouded for us in the deepest mystery. A journal may be very little, and still be able to do very much in stirring the public conscience.

Yes, the CRITIC & GUIDE is doing good work and it expects to do still better work in the future. It will make every corrupt Board of Pharmacy member tremble for his iniquities; it will make every nostrum fakir hesitate before putting out to the medical profession another fake, and will make him think twice before claiming wonderful virtues for a common well-known mixture; it will make every respectable physician loath to contribute articles to low, unprofessional journals, whose sole and only reason for existence is the puffng of nostrums and the acquisition of filthy lucre, and who care for the names of respectable physicians only because they lend prestige and respectability.

I am making enemies fast; faster than I want to. But I can't help it. It is a matter of principle and it has to be discussed; and it has to be settled. And it will not be settled, until it is settled right. And mark my words, preposterous as they may sound: I promise to bring into a tottering condition or entirely drive out of existence several prosperous and old-established medical journals; in

my opinion they have no right to exist; not under the garb of medical journals anyway, and for the welfare of the profession and the public, they must disappear.

RECEPTION TO PROFESSOR S. SOLIS COHEN.

Thursday, January 7th was a red letter day — or rather night — in the Annals of the Manhattan Clinical Society. At the residence of Dr. Heinrich Stern a reception was tendered to Dr. Solomon Solis Cohen of Philadelphia, who read a most interesting and suggestive paper entitled: Relation of Lifeforce to Therapeutics. The paper was discussed by Drs. Carl Beck, S. A. Knopf, A. Monae Lesser, Wm J. Robinson, J. S. Petersen, Adolph Rupp, Heinrich Stern, etc. A splendid supper followed the reading of the paper. The menu was *non plus ultra*. The inimitable comedian Louis Mann who happened to be present kept the guests roaring with his side-splitting jokes. He also related some stories, but over these I prefer to throw the mantle of charity. It was 3 a. m. when the guests reluctantly left the tables.

THE HARLEM MEDICAL ASSOCIATION.

Dr. Manges was unavoidably absent from the last meeting, and the discussion on the treatment of typhoid fever was therefore laid over for some other meeting. Dr. Hiram N. Vineberg exhibited some exceedingly interesting gynecologic specimens. Dr. Henry Heiman read a short but very interesting and instructive paper, entitled: Multiple gonorrheal periarthritis in a child; probably due to inoculation thru a wound. Dr. F. Bierhoff read a paper on the Abortive Treatment of Gonorrhea, and when Dr. Lapowski got up to discuss the paper, the real fun began. It is better than a circus, when Dr. B. and Dr. L. meet on the same platform. You see, it is this way. Dr. Bierhoff is what you might call a gonorrheal optimist. He believes that gonorrhea, like the devil, is not as black as it is painted, and that it can be aborted and cured without particular difficulty. Dr. Lapowski on the other hand is a gonorrheal pessimist. He believes: once a gonorrhea always a gonorrhea. Hence the heated arguments. I have great respect for the scientific attainments of my friend Dr. L., but I regret to say that on this point I flatly disagree with him. Gonorrhea can be cured—permanently, radically and safely, the same as a simple urethritis can. I do not believe that the gonococcus is such an awful, awful monster.

☞ The Critic and Guide is a *medico-pharmaceutical* journal. And you will all bear witness that right along I have been fair and impartial to both physician and pharmacist. I have not favored one at the expense of the other. I have had to tell some bitter truths, but I have told them impartially whenever they were called for, and I shall continue thus in the future.

On one leaf of a presumably ethical medical journal I find reading notices of the following "new remedies": Fitchmul, uron, gynecol, labordine, phenadul, lavoris, gynecine, chalgonia, and antidipsole. The physicians are urgently requested to give these remedies a trial, but as to their composition — not a word.

☞ Any reader who does not notify us, when he fails to receive his copy of the Critic and Guide, does us and himself a great injustice!

[Written for the CRITIC & CUIDE.]

IMPORTANT THERAPEUTIC PITFALLS.

By L. Jacobi, M. D., New York.

THE greatest obstacle to the arrival at definite conclusions in drug therapeutics is the logical pitfall: *post hoc ergo propter hoc.* A condition which follows the administration of a remedy is not necessarily a result of the latter. Only too often, however, we are lacking in all means of distinguishing the action of a drug from mere sequence quite independent of it, and hence the discouraging confusion of opinions and faiths when we come to the "officina pharmacia."

Then, again, animal-experiments have frequently overthrown seemingly well-established empirical data, and thus contributed to scepticism and distrust.

Nevertheless, the doubting attitude toward drug-therapeutics, is only a phase of the inevitable reaction against the former implicit faith. When the pendulum shall have swung back and forth for a time, it must come to rest somewhere between the two extremes, and will then indicate the true state of affairs. We are at present witnessing its oscillations, now slow, now quick.

When chloroform was introduced in its revolutionizing anesthetic capacity, the first decisive experiment which was to be made almost resulted in a sad failure. The patient destined to take the first anesthetic in surgery was prepared for operation, and all waited for the magic drug. Fortunately, it could not be furnished for some reason or other, and the operation was performed without it. The patient died at the very beginning, and, but for the accidental change of program, his death would have been "logically" attributed to chloroform. It is idle to conjecture as to the probable influence this incident might have had in delaying the advent of our anesthetic era, but the curious circumstance teaches a lesson and well emphasizes the caution and circumspection requisite in pronouncing judgment upon a drug.

In the following we shall mention some of the most frequent fallacies in therapeutics which vitiate the attempt at drawing inferences.

A common source of error has its origin in the use of more than one drug simultaneously. In such cases the liability to false conclusions is often heightened by the mutual interaction of the agents employed. To take a concrete instance, we have seen physicians who, actuated by a laudable antiseptic zeal, would throw in a few sublimate tablets into a lysol-solution. This is like giving hydrochloric acid with soda; for lysol contains soap, and soap renders bichloride of mercury inert; hence the familiar

caution to avoid dipping hands from soap-suds into sublimate before rinsing them off in plain water. Fortunately for the ultimate antiseptic result of the mixture, lysol is not affected by sublimate, so that no further harm ensues from this "sancta simplicitas." Yet how often are incompatibilities or chemic and physiologic antagonists introduced into the system and vitiated conclusions drawn? The favorite "shot gun" prescription is frequently so loaded as to miss the mark entirely by aiming at too many things. The longer and more complex a prescription, the greater the liability to undesirable interaction and the greater the ultimate uncertainty. We laugh at the theriacs of our mediaeval colleagues (when they appear on our stage, in "The Barber of Seville", for example), and, while amused by the past, we furnish, perhaps, amusement to the future.

Of course, abuse is no valid argument against use, but the general tendency nowadays seems to be in the direction of simple prescribing, occasional growling of authorities notwithstanding, and the ancient motto "non nocere" certainly justifies such caution.

Then, also, the way of administering a drug is not without decisive bearing on its action. A typical illustration is afforded by cholera asiatica and its more familiar analogon, our cholera infantum.

In both affections, the epithelium of the intestinal tract is destroyed and later on cast off, hence the utter inability of the mucous membrane to absorb nourishment or medicine. Whatever is sent down into the stomach or pumped up the rectum never reaches the circulation and is worse than useless. On the other hand, the cellular subscutaneous tissue, drained of its fluids, is as thirsty as a dry sponge and will absorb greedily. Hence hypodermoclysis is the sole rational and efficient therapeutic procedure in this condition. The hint given by the excellent results thus obtained has borne fruit in numerous allied emergencies.

Whenever gastric or intestinal absorption is in abeyance, it is as logical to give a medicine internally as to telegraph over cut wires. On the other hand, when absorption is unusually active, as often happens in acute anemic conditions or following great loss of fluid by the system, extra caution is indicated in the exhibition of powerful agents in order to preclude an untoward intensity of action. Thus, for example, an intrauterine douche of sublimate or carbolic acid, given after profuse postpartum hemorrhage, is far more apt to result in poisoning than under ordinary puerperal conditions, owing to the active absorption and tissue-thirst of the uterine mucous membrane. We know personally of a sad illustration to this argument. In a case of severe bleeding after delivery, the physician decided, for certain reasons, to give a hot rectal douche. A weak carbolic acid solution was prepared and injected into the bowel, and

half an hour later the woman died with all symptoms of specific poisoning. The fluid injected had failed to return, to the doctor's surprise.

Conditions of impaired gastric motor function should be reckoned with. When gastric motility is imperfect, hours may elapse before a drug can reach the intestine or the circulation, and its action will be accordingly delayed or defeated. If we recollect the frequency of dilated stomachs in pulmonary tuberculosis, it will dawn upon us that drug-treatment in phthisis is beset with difficulties calling for special consideration.

A very significant point in the therapeutics of powerful remedies is the knowledge when to begin, when to intermit and when to discontinue their administration. Napoleon said that in the course of every battle there occurs a certain decisive moment when a vigorous attack is sure to carry the day. In the course of many acute diseases similar tidal opportunities supervene and furnish the signal for energetic action. But, the danger past, the physician should be able to time his relaxed efforts to the indications, and careful not to overhear the "nil nocere" which nature sounds forbiddingly in his ears. A powerful remedy is strong for good or for evil; it is not enuf that it be given an opportunity to act, since it will act for and against the patient, according to circumstances. To direct these blind therapeutic agents properly is the difficult duty of the thoughtful physician.

While observing the manifestations of repeated doses of some strong drug, we should ever remember that a certain amount of the remedy may still be circulating in the system without having as yet taken effect. Before administering a new dose, we must in such cases wait for the last one to produce its effect, unless, indeed, we desire a cumulative action, when such sending out of the dove without giving the raven time to return is appropriate.

An observation made by anesthetizers may serve to illustrate our idea. When chloroform is administered, drop by drop, close observation being directed to the pupils, it will be noted after some time that they begin to contract. If the anesthetic be now withdrawn, *the pupils will continue to contract,* owing to the chloroform which was in the circulation and had not yet produced its final result when we cut off further supply. Now, if we continue the anesthetic drop by drop until all signs of profound narcosis are manifested and then interrupt the supply, there will be present in the system a certain quantity of chloroform which is, so to speak, on its way from the lungs to its destination. This additional amount will now add its action to the deep anesthesia already existing, and the result may be untoward or even dissastrous.

The suggestion herein contained applies *mutatis mutandis* to the continuous administration of many remedies, notably digitalis, morphine, strychnine, etc. The practitioner who is above (or below) such details is very likely to defeat his own efforts and to shift the guilt on a misused therapeutic agent.

Even pettier considerations merit notice, if we would avoid reckoning without our host. The form in which a drug is administered may affect the final result or frustrate our purpose completely. Thus it has been repeatedly shown that tablets or pills may pass thru the entire alimentary canal, only to leave it in the feces none the worse for the journey. Phenacetin tablets, quinine pills, and others, are open to this objection, and whenever prompt or specific action is our aim, drugs should as a rule be exhibited in a soluble, easily assimilable state.

Occasionally it happens that one salt of a remedy fails to act, whereas another salt will produce the desired effect; for instance, disappointed in sulphate of quinine, we may obtain better results with the hydrochlorate; and similarly in the case of other drugs.

It must be confessed that the therapeutics of drugs do not at present occupy as prominent a place in the professional mind as they did or as they deserve to do. The marvellous strides made by surgery during the past decades have undoubtedly contributed to this temporary neglect. However, there are certain signs of the times that seem to predict a turn of the wheel in favor of medicine as opposed to surgery. The latter has a powerful ally in its tangibility, its practical appeal to the grosser appreciation, which may in part account for the vogue and development it has found in this country. But a reaction will not fail to set in. We are becoming aware of numerous remote dangers and disadvantages associated with operative measures, and the spirit of conservatism rears its head again. Drug therapeutics, as a part of medicine proper, is but biding its time.

And, meanwhile, our untiring industry paves the way for the final triumph, by efficiently stripping internal medication of its former drawbacks. New remedies are being constantly turned out which aim at the same results as the old ones, but without untoward collateral effects, without undue taxing of palate and stomach, without needless by-actions.

Thus most of our specific or otherwise reliable remedies have found substitutes, which, while equal to them in efficiency, are free from their disagreeable or injurious features. These substitutes are often better borne, may be administered over longer periods, limit their activity to the diseased part, etc., and they bid fair to displace and replace their ancestors. We possess such efficient new combinations as iodipin, meant to supplant our alkaline iodides; as bromipin, intended to succeed our bromides; or aspirin, saloquinine, colloidal silver and mercury, the cacodylates, heroin, dionin and many others, all candidates for vacancies to be created by discarding their respective prototypes.

The active principles of numerous remedies have been extracted, allowing a more exact dosage than was attainable when the crude drug was used, and it is a good augury for the future to notice, how many physicians are discarding galenicals for the active principles.

And, finally, synthetic chemistry claims its share of hopes for the future of rational drug-therapeutics.

In his struggle with disease the physician of the future will have a greater choice of weapons and will, let us believe, achieve better success than we of the present day.

[Written for the CRITIC & GUIDE.]

EXAMINATIONS IN TOXICOLOGY.

By the Editor.

THE EDITOR takes great satisfaction in the fact that he has been largely instrumental in modifying the examinations of the various Boards of Pharmacy. Both by word and by pen, I have been for many years advocating improvements in the direction of saner, more common sense, more practical and more useful questions. And the agitation has borne fruit. We no more—or very seldom—find such silly questions as I had to criticise in the *Druggists Circular* some four years ago. But there are a few flaws left, and of these I wish to speak. Among the questions on Toxicology, many are inappropriate and utterly unjustifiable. I refer particularly to the physiologic antidotes. In the name of common sense, what object do such questions serve? Why must a pharmacist know the physiologic antagonist of this or that poison? Is he going to treat the patient? Can he ever possess the knowledge of the proper antidotal doses? Can he ever understand the symptomatic indications and contra-indications? I would not object to such knowledge, if Toxicology were a real science. But it is not. It is in its very infancy. The most experienced physicians consider cases of organic poisoning among the hardest and most thankless tasks. We must grope in the dark and merely meet indications as they arise. So what sense has it to ask such questions of young fellows, who haven't the least idea of physiology or anatomy? I said that Toxicology was not science, and I repeat it. Many of the statements which have been accepted as correct, have lately been shown to be false. For instance, it has been current as gospel truth that atropine was the physiologic antidote of morphine. And woe to the candidate who failed to answer this question at the examination. But nevertheless, Prof. Reichert's (of the University of Pennsylvania) recent researches have shown that atropine is positively injurious in morphine poisoning, and he felt constrained to make the amazing statement, that he was sure that in cases of morphine poisoning, "more people died of the antidote—atropine—than of the poison." And even the value of the official arsenic antidote is now in serious doubt, according to the experiments of Prof. de Buscher. In poisoning with Fowler's solution, the ferric hydrate seemed even to increase and accelerate the intoxication symptoms.

I despise spurious quasi-knowledge. Knowledge of which the possessor can make no practical application, which—thru the limitations of his education—he can not even clearly comprehend and which he must acquire by rote, is worse than useless. And I plead against questions, the answers to which must be based on such spurious and spuriously acquired

knowledge. Suppose a drug clerk *has* committed to memory, that physostigmine is the physiologic antidote of strychnine (it is theoretically, but not practically) what good is it to him or to anybody else? Can he on that account undertake the treatment of strychnine poisoning? Does he know the proper antidotal dose? Does he know the technique of a hypodermic injection? So what's the use?

Now, a few words about doses. The knowledge of posology is of great importance to the pharmacist; he must be thoroly conversant with the average and maximum doses of all official and most non-official products. The pharmacist stands guard over the physician's prescription, and the pharmacist's knowledge of doses has saved many a life, which might have been lost thru the physician's carelessness or ignorance. And questions on the average and maximum doses should play an important rôle in the pharmacist's examination. But to ask the *minimum* doses is silly, very silly, and silly for two reasons. *First* it is entirely useless: if a physician prescribe an exceedingly small dose — less than the supposed minimum — the pharmacist will not go and increase it; *second*, there is no such thing as a minimum dose. What is the minimum dose to one physician, is not at all the minimum dose to another. And nobody knows, or can know, the exact minimum. We are not so thoroly familiar with the biologic mysteries, with the mechanism of organic life, as to be able to say: Such a drug in such and such a dose can have no action whatever. Even the instruments of precision—the sphygmograph, the hemoglobinometer, the tonometer, etc—cannot give us a positive answer. And Prof. Kravkof's recent pharmacologic researches, — which are attracting such wide attention just now—fully support the above statements. It would lead us too far to give here a resume of his wonderful research work; I will allude to one point only which is very suggestive. He has shown that such small doses of atropine as are not sufficient to produce toxic or even pronounced physiologic *symptoms*, are nevertheless sufficient to influence tissue metabolism and *cellular respiration*. So what becomes of our minimum doses?

But even in the average and maximum doses a good deal of latitude should be allowed the candidate. It is a misfortune that so few examiners on posology and toxicology are physicians. Only a physician in active practice can have a real idea of doses. The majority of the examiners are men who have acquired their knowledge of doses from books—sometimes pretty old books, and notoriously unreliable ones—and I am certain that they often mark "wrong", when the candidate is right, and it is they who are wrong. From several examples, let me give you two: A candidate who was sure that he was not rated correctly in toxicology, asked to be shown his paper. Among the maximum doses the candidate gave, was

digitalin, amorphous ½ gr. This the examiner said was wrong and added, "You must have ten points taken off for giving such a dangerous dose". The candidate insisted, but the examiner poo-poohed the idea that ½ gr. of German digitalin was the correct maximum dose. The case was submitted to me. It took me sometime; I had to send several clippings form medical journals, a copy of a paper by Dr. Henry Beates, before the examiner gave in. And the following case occured but a few days ago. On going over the paper with an examiner, the candidate was told that his maximum dose for atropine of $\frac{1}{40}$ gr. was wrong! The candidate knew better, a heated argument ensued, and again, I had to take the case in hand. Only after I showed the examiner that doses even of $\frac{1}{30}$ and $\frac{1}{30}$ gr. were given, after I showed him that Batsch and his followers, in the treatment of intussusception, gave hypodermically as much as $\frac{1}{15}$ gr.—equivalent to ½ gr. per os—did the examiner apologize for his "oversight." And therefore I say: Give candidates more latitude in the matter of doses. And I would respectfully make the following suggestion to the examiners: Be perfectly sure that you are right, before you mark a candidate "wrong." Some candidates know their subjects pretty thoroly. And further remember that the U. S. Dispensatory is not an infallible authority. Some of its statements are incorrect, and a student is not necessarily wrong if his answer differs in some particulars from that authority.

I would summarize this paper as follows:

(1) In Toxicology for pharmacists let us limit ourselves to chemical antidotes. Questions on physiologic antidotes are unfair, irrational and useless.

(2) Let no questions be asked on "minimum" doses. The thing is simply ridiculous.

(3) In maximum and average doses considerable latitude should be given candidates. The examiner should keep up with the latest advances in toxicology and posology, so as not to do an injustice to the examineé, and mark answers which are decidedly right as decidedly wrong.

A GOOD REMEDY.

Take a bit of cheerful thinking
Add a portion of content,
And with both let glad endeavor
Mixed with earnestness be blent:
These with care and skill compounded,
Will produce a magic oil
That is bound to cure, if taken
With a lot of earnest toil.

If your heart is dull and heavy,
If your hope is pale with doubt,
Try this wondrous Oil of Promise,
For 'twill drive the evil out.
Who will mix it? Not the druggist
From the bottles on his shelf;
The ingredients required
You must find within yourself.
DR. GOODCHEER'S REMEDY.—"Success."

(Continuation)

131—Iodine.....ʒss
Oil Turpentine.....ʒvj
Alcohol.....ʒx
S: Pro Equo.

This is a frequent combination, intended, as is seen from the directions, for a horse. Great care must be taken not to add the iodine first to the turpentine, as great heat is evolved and the mixture may take fire or explode; the iodine is thereby volatilized as a violet vapor. The right procedure is to dissolve the iodine in the alcohol, and then mix it with the turpentine oil, very gradually added. The mixture is not homogeneous, but separates in two layers; there is not enuf alcohol to dissolve the turpentine, the latter requiring three volumes of alcohol for solution. The upper layer consists of turpentine oil. Dispense with "shake" label.

132—Sodii Sulphitis.....3vi
Ac. Hydrochl. Dil.....3ij—3iv
Tr. Nuc. Vom.....3iij
Aquæ, ad.....ʒiv
Teaspoonful after meals.

This prescription is incompatible. Sodium sulphite and a mineral acid should never be prescribed together, and if prescribed the druggist, if he knows enuf, should call the doctor's attention to the incompatibility. The bad odor is due to the fact that sulphur dioxide, or sulphurous acid gas, is evolved thru the action of the acid on the sulphite. The equation is as follows:

$$Na_2SO_3 + 2\,HCl = 2\,NaCl + SO_2 + H_2O$$

Of course, the peculiar antifermentative action of the sulphite is also lost, because the SO_2 gradually volatilizes, while a portion of it is oxidized to sulphuric acid.

133—Tr. Ferri Chlor.....ʒij
Muc. Acaciæ.....
Syr. Simpl.....} ā 3iv
Aquæ Menthæ.....q. s. ad. ʒiij

Who does not know the incompatibility in this prescription? It is mentioned in some text-books; it has been discussed time and again in the pharmaceutical journals, and, presumably, every pharmacist should know it; but there are hundreds of pharmacists, and no novices either, who do not know it. Here is how a pharmacist put up the above prescription not so very long ago: He

mixed the tincture of iron with the mucilage in a mortar, and to the dense gelatinous mass he added and added hydrochloric acid until the precipitate redissolved; he then mixed the solution with the syrup and the water. What a mess it was! On inquiry I learned that he was taught that way by another pharmacist, who was quite proud of his knowledge as to how to dissolve the precipitate formed by tincture of iron with acacia. That there is a much easier and nicer way never seemed to have entered the mind of either teacher or pupil. It shows how lack of interest in one's work will deaden the thinking faculties and take away all desire for experimentation or initiative of any kind. The above prescription can be made up without the least trouble, so as to give a clear, transparent solution, by simply mixing first the tincture with the syrup, the mucilage with the water, and then the two solutions together.

134—Ferri Dialysati Liq.....
Syr. Rubi Idæi..... ..... } āā ℥j
Muc. Acaciæ.....
Aquæ Anisi.....℥ij

The remarks made in regard to the previous prescription apply to this one as well.

135—Salol.....3ij
Spir. Aeth. Nitr.....℥j
Tr. Ferri. Chlor..... .....3ij
Glycerini..... ℥ss
Aquæ.....℥v

Salol is, chemically, phenyl salicylate, $C_6H_5C_7H_5O_3$. When added to the spirit of nitrous ether it dissolves; on now adding the tincture of iron a deep violet-blue solution results, due to the formation of ferric salicylate, and partly also to the action of the phenyl radicle on the ferric salt. On adding the glycerin no change is noticed; if anything, the mixture gets still darker. On adding the water, the mixture becomes at once very turbid, and the deep-violet color is changed to a dirty yellowish-white. The turbidity is due to the precipitation of the salol by the water, in which menstruum salol is insoluble. The mixture does not remain permanently the same, but undergoes a notable change on standing: the salol precipitates, sticking to the sides and bottom of the bottle, while the supernatant liquid is perfectly transparent and of a pale-violet color. The prescription should not be dispensed until the prescriber has been made acquainted with the difficulty.

136 - Zinci Iodidi.....gr. xv
Aquæ ..... ℥ij
S. : ℥j ter in die.

I received this prescription with the request to explain the reason for the precipitation that took place on dissolving the zinc iodide. My correspondent wrote that he at first dissolved the salt in plain water; then, thinking the precipitate might be due to the impurities and the carbon dioxide in the water, he took distilled water and boiled it; but the result was the same; there was a flocculent precipitate, or rather sediment, floating about. This is a frequent occurrence with zinc iodide; in fact, it always takes place unless the salt has been made but a short time and has been kept in a small bottle with a ground-glass stopper. The reason is a simple one: Zinc iodide is not a very stable salt. It easily loses iodine and has a great avidity for oxygen. Therefore, there is but seldom a sample of zinc iodide to be found in the drug-stores that does not contain a small amount of zinc oxide or zinc oxyiodide. The only thing to do is to filter the solution. (If the dispenser wants to be strictly conscientious, it is well to take 2 or 3 grains more than prescribed, so as to make up the loss occasioned by the filtration.)

137—Aquæ Amm. Fort.....
Collodii..... } āā ℥ij
S. : Apply to warts with camel's hair brush.

This prescription was handed me with the remark that the mixture became solidified, and with the question whether ammonia water is incompatible with collodion. It is not the ammonia gas that is at fault here, but the water. Collodion is a solution of gun-cotton (pyroxylin or di-nitro-cellulose) in a mixture of alcohol and ether, and is precipitated by water. If plain water is used instead of the ammonia water the result is the same. An alcoholic solution of ammonia (like the official "spiritus ammoniae," not "spiritus ammoniae aromaticus") would answer the purpose; but it is so seldom found in the average drug-store that difficulty is likely to be encountered in having the prescription compounded properly.

(*To be Continued*).

PELVIC DISEASES IN YOUNG GIRLS.

F. LAWRENCE, M.D., D.Sc., LL.D.

Clinical Lecturer, Diseases of Women and Abdominal Surgery, Starling Medical College; ex-Secretary Section on Obstetrics and Diseases of Women, American Medical Association.

THE popular prejudice against examination of the genital and pelvic structures in young girls is not confined to the laity, but unfortunately, exists in the minds of many in the medical profession. There can be no question that on this altar of prejudice many otherwise useful lives have been sacrificed. The voice of this Section raised in protest will bring fruitage in healthier women, happier wives and more devoted mothers.

First.—The young have, with those older, an equal right to relief from suffering and an equal right to protection from diseases which destroy their usefulness and may endanger life.

Second.—Many, if not all, diseases of the pelvic structures are, in their incipiency, curable without recourse to operations which sacrifice important organs or parts.

Third.—Delay in recognition of, or correction of even the simpler conditions, such as displacement of the uterus or ovaries, may, and too often does, result in such organic change as permanently to destroy all function and render the patient an invalid, forever sterile.

Fourth.—The symptoms, pelvic pain, menstrual pain, menstrual irregularity, neurotic explosions, digestive disturbances, etc., preceding, occurring, during or following the menstrual effort are only warnings and strong hints for us to seek the cause.

Fifth.—That the pelvic conditions of the young girl can be discovered by feeling the pulse, examining tongue, and looking wise is no more true than it is in older persons.

Sixth.—A certain amount of modesty and respect for traditional sentiment is probably a protection to the sacredness of woman's chastity, but a chaste life is no way incompatible with an honest purpose in dealing with diseased conditions, and no man will, by an honest, clean, manly effort to discover the cause of suffering, excite impure or degrading thoughts.

Seventh.—We must remember that not only the physical, but the social, the domestic, and even the moral, life of the patient is involved in this question. She may, because of our neglect to ascertain the condition, be rendered hopelessly sterile, and, consequently, that unhappiest of human beings, a childless wife.

Read before the A. M. A. Condensed.

Eighth.—Our first duty, then, should be the protection of the physical temple of those entrusted to our care. A sound physical organism is, I take it, the surest protection against moral degredation.

Symptomatology is sometimes very misleading, inasmuch as the entire history and symptom-complex, as gathered from patient or her mother, direct attention entirely to the nervous system, circulatory system, or digestive tract with the single exception that the disturbances develop at or about the time of puberty.

The most common and probably the most important of the symptoms presented, when rightly interpreted, is menstrual pain. Menstrual pain is not a disease, and should never be so considered. It is but a symptom. It probably is never a condition which has not a definite pathologic cause. These causes may be:

- **Pelvic**
  - 1. **Uterine**
    - a, Displacements
    - b, Infantile uterus.
    - c, Metritis.
    - d, Uterine fibroids.
  - 2. **Intrauterine**
    - a, Endometritis.
    - b, Uterine polypus.
    - c, Submucous fibroids.
  - 3. **Ovarian**
    - a, Chronic ovaritis.
    - b, Prolapse of ovary.
  - 4. **Tubal**
    - a, Septic salpingitis.
    - b, Catarrhal salpingitis.
- **Extrapelvic**
  - Neurasthenia.
  - Anemia.
  - Chlorosis.

I have offered this arrangement of the causes of menstrual pain because I believe the older classification of obstructive, neuralgic, ovarian, tubal and membranous dysmenorrhea has too much tendency to mark this symptom as an entity and thus prevent the proper study of its cause. Many cases in which the pain is agonizing present absolutely normal pelves. These are the cases in which everything depends on care and patience, and they are of such importance as to merit consideration apart from those which have a pelvic cause.

Salpingitis is a fruitful source of menstrual pain. In the majority of these cases we have simply the result of a neglected endometritis, i.e., the inflammation has extended from the uterus to the tubes. It is suppurative or non-suppurative. The suppurative, although the more dangerous to life, does not give rise to severe menstrual pain until adhesions have formed as a result of peritonitis. That form which is an extension of a catarrhal endometritis results in early occlusion of the tubes, hyperplasia of both the tubal mucosa and muscular wall of the tube, venous engorgement of the tubes and ovaries, and a varicose condition of the ovarian veins. It is in this condition we find the most pronounced premenstrual

pain, which is relieved in a few hours after the flow is established. Here the preceding and accompanying endometritis is an important factor. The timely use of the curette will prove our best aid. Let me here urge the necessity of determining the absence of pus tubes before resorting to the curette; for the operation of curetting, when pus tubes exist, is fraught with greater danger than is the removal of the tubes. There is a form of inflammation of the fallopian tubes which occurs as a sequel to the exanthematous diseases. It is usually bilateral, and is nearly always complicated by peritonitic adhesions. The pain is severe at menstrual epochs and resists all forms of local or general treatment.

Ovaria hyperemia is a common cause of menstrual pain in young girls. Its cause being excitement and ungratified sexual desire, it is apparent that treatment should be such as to direct the patient's thoughts from the genital organs. A change in the social and domestic habits is of prime import. The importance of relief is emphasized by the fact that if unrelieved this condition soon results in chronic ovaritis, hyperplasia, increase of fibrous tissue and complete destruction of the ovary. In the latter condition the pain becomes more severe, more prolonged, and its cure involves the removal of the organ.

In all these cases the temptation to give opium is great and should be religiously resisted; for so sure as we give it we will make an opium habitué of our patient. In prolapse of the ovary the pain is due to the resulting inflammation of the tubes and ovaries, with the consequent congestion of the entire pelvic contents. There is no method of mechanical treatment which will correct the displacement. Two operative procedures are available: First, if the ovary be not too much affected we can lift it up and secure it by shortening the utero-ovarian ligament, or stitch it to the broad ligament. Second, if the ovaries are diseased beyond repair we can remove them. The power of repair is so great that I am inclined to think we can save a very large precentage.

There is a class of cases in which no disease of the pelvic organs can be detected, and yet the suffering is as severe as in those in which inflammatory trouble exists. These comprise neurasthenics, in whom there seems to be a constant tendency to explosions of all sorts; patients who are anemic or chlorotic. The occurrence of menstrual pain in those subjects is readily appreciated if we keep in mind the uter-ovarian nerve supply and the physiology of the sympathetic. Neither is it hard to understand how these physiologic processes may become abortive as a result of malnutrition in anemia and chlorosis. Great care is necessary in these cases that we exclude local organic disease, for, if there be an endometritis or other evident local inflammation occuring in these neurotic and anemic cases,

I do not believe we ever accomplish any good by constitutional treatment alone, and they are certainly not to be operated on. That there are cases of nervous disease dependent on pelvic trouble we all know. The failure to discriminate between those in which the pelvic disease is the cause of the nervous symptoms, and those in which the neurosis is the primary affection has done much to retard the acceptance of operative assistance, by alienists. I would emphasize the statement that operative measures can not be expected to relieve nervous symptoms except when adopted for the removal of distinctly diseased organs, to the condition of which the nervous symptoms may justly be ascribed. On the other hand, I have seen some marked neurotic conditions relieved without further treatment by the removal of diseased ovaries and tubes, or the plastic repair of an enlarged and indurated cervix.

That a leucorrhea always is a symptom of disease of either external or internal genitalia should be kept in mind. That the cause of leucorrhea may be any one of several serious conditions should demand thoro investigation in every case, whether young or old. Tuberculosis of the genital organs is by no means so rare as has formerly been taught and may be the cause of leucorrhea in very young girls. Gonorrhea, with all its frightful sequelæ I have seen in a number under the age of 15 years, and in two cases under 8 years. Herpes genitalis may occur at any age and gives rise to profuse discharge. Traumatism may be a factor of leucorrhea in some cases. The fact is, no patient who has leucorrheal discharge should be treated in any manner whatever until the cause has been determined with reasonable certainty. Profuse and irregular menstruations may be symptoms of such grave import that it would seem scarcely necessary to insist on these cases being thoroly examined, were it not for the fact that we are continually confronted by the statement, made apparently in good faith by active physicians, "that uterine hemorrhage in young girls only needs iron and bitter tonics to cure it." We can not determine whether the cause be metritis, endometritis, polypus, fibroids, cystic ovaries or sarcomata, except by a painstaking examination, and as any one of these may be the cause it is our plain duty to determine which it is. It is equally our duty as gynecologists and as teachers to impress on the minds of our students and the profession, that it is more important to learn how to thoroly investigate and diagnosticate these cases than to see us operate, or to listen to a description of technic.

SUMMARY.

1. All cases, whether in young girls or in older women, in which menstrual pain, intermenstrual or premenstrual pain is a prominent symptom should be subjected to careful and thoro examination to determine its cause

2. No leucorrhea should be permitted to pass unnoticed or treated by such "slipshod" methods as ordering a douche, giving medicine, etc., without first ascertaining its cause. In all cases where discharge is purulent a microscopic examination should be made to determine presence or absence of gonococci, tubercle bacilli or other important septic organisms.

3. All cases of excessive flowing, intermenstrual hemorrhage or prolonged menstruation should be thoroly examined.

4. In all cases where amenorrhea exists every effort should be made to find the cause.

5. In young girls, subjects of neurotic symptoms, which develop at puberty or occur with each menstrual epoch, a careful and thoro examination of the pelvis will often reveal the cause.

6. If menstrual pain, irregularity, leucorrhea and neurotic disturbances follow the exanthemata, a pelvic examination is imperatively demanded.

7. In all virgins the rectobimanual examination sbould be used—the vaginal touch only being used when absolutely necessary.

In the discussion that followed Dr. Lawrence's paper, the majority were opposed to its sentiments. The general opinion was that young girls should not be subjected too readily to examinations. Only one doctor, Hannah M. Graham, agreed with Dr. Lawrence. She said: The general practitioner frequently is too careless in making a diagnosis. For instance, I treated for gonorrhea a girl of 14, a child of one of the best families in the state, who had been under the care of a general practitioner for six weeks when her mother brought her to me saying that she had profuse leucorrhea. The physician's treatment consisted of a tablet every three hours, which gave no relief. The mother objected to an examination of the child, but I finally convinced her that it was absolutely necessary. I found that she had gonorrhea, probably contracted from the maid who took care of the children. It is better to examine one hundred girls who have not gonorrhea than to overlook one that has. We find many girls of 14 suffering from dysmenorrhea due to a retroversion or retroflexion, which can be corrected with a three months' tampon treatment. Why let it go on until it requires suspension or an Alexander operation just because she had not reached the right age? Whenever you find disease you have reached the age to treat it.

Dr. G. Batton Massey of Philadelphia said: The fault in the imperfect development of many young girls lies in the mothers, in their housing, in over-clothing, and in their becoming over-finickly. Girls who spend all their time in the open air lightly clothed and taking plenty of exercise will not go to the gynecologist or neurologist. In the suburbs of Philadelphia the number of healthy girls is very great because an athletic life is fashionable. We can accomplish reform only with assistance of Dame Fashion herself. I agree that examinations are necessary when conditions do not yield to treatment, but I do think that many unjustifiable examinations are made in the clinics. Many young girls are examined when their bowels alone are abnormal; examinations are needed only in the case of girls who are suffering from septic conditions, such as a purulent leucorrhea, or from the manifest presence of a neoplasm.

DR. C. L. BONIFIELD of Cincinnati said: I believe that there are hundreds of girls going to the office of the gynecologist who have no right to be there. They should be treated by the family physician. The symptoms that are referred to the pelvis are of constitutional origin; and if these girls are treated in the proper way, if their general health is improved and the development of the uterus is encouraged by forcing nutrition, these symptoms will disappear without any local treatment whatever. Of course, there are cases that require an examination. These are the cases where the symptoms are unusually severe; cases that do not yield to the treatment I have mentioned, but I believe that they are greatly in the minority. When such a case comes to us for examination, shall we proceed in the way Dr. Lawrence suggested make a recto-abdominal examination, which is always more or less unsatisfactory; or give the patient an anesthetic and examine carefully so as to arrive at a correct diagnosis? I take it that the objection to examining young girls is not the destruction of the hymen, but it is the shock to the modesty of the young girl. She is subjected to a treatment of which she really should know nothing. Her attention is called to organs of which she should not think at all. In the majority of cases if they need an examination they also need an operative treatment, and while they are under the anesthetic the little operation, which is usually a curretage, can be done. The objection to local treatment is overcome; our diagnosis is accurate, and we have done the very best we can do for our patient. I believe that if an examination is necessary at all in a young girl it should be done under an anesthetic.

DR. J. H. CARSTENS of Detroit said: If the young girls are let alone and live a natural life, they will not require the gynecologic finger nor much medicine. What they need is physiology. They should get their eliminative organs into good condition so that they do not absorb excrementitious matter. Get the stomach into good condition, make good blood, and, if they have a little leucorrheal discharge, that will take care of itself. If they are a little nervous they will get over it. This gynecologic tinkering and the giving of all kinds of medicines without any indication for it is going too far. When they have well-marked symptoms of dysmenorrhea and a purulent vaginal discharge, then they should be examined and it should be done under an anesthetic. What I plead for is more simplicity, more physiology, and less medicine and fewer specula.

O glücklich! Wer noch hoffen kann
Aus diesem Meer des Irrtums aufzutauchen.
Was man nicht weiss, das eben braucht man
Und was man weiss, kann man nicht brauchen.

Let any man show the world that he feels
Afraid of its bark, and 'twill fly at his heels:
Let him fearlessly face it, 'twill leave him alone:
But 'twill fawn at his feet if he flings it a bone.

WHAT MARY HAD.

Mary had a little lamb,
Likewise an oyster stew,
Salad, cake, a piece of pie
And a bottle of pale brew—
Then a few hours later
She had a doctor, too.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(Continuation).

Chloralimid. Trichlorethyledene-imide. $C_2Cl_3H.NH$. Colorless crystals, odorless and tasteless. Insol. in water, sol. in alcohol. Hypnotic. Dose, 15 to 45 grs. Incompatible with mineral acid. Do not confound with chloralamid.

Chloral-camphor. See Camphor-Chloral.

Chielin. A substance obtained from tulips (Bulbus Tulipeae.) Used in veterinary practice, but recently a Dr. Heyman of Berlin recommended it as a remedy in various skin diseases. Applied in the form of ointment or soap. (*Deut. Med. Wochen. Aug., 14 '02.*)

Chloralbacid. A combination of albumin and chlorine; 3% of Cl. Chiefly in gastric disorders. Dose: 5 to 15 grs.

Chloralose. Anhydro-gluco-chloral. $C_8H_{11}Cl_3O_6$. A compound of chloral with grape sugar or glucose. Small colorless needle-shaped crystals. Very slightly sol. in water, soluble in alcohol. Hypnotic. Dose: 3 to 8 grs. The latest report on the use of chloralose is by Prof. Jas. Tyson, (Jour. Am. Med. Assoc. 1901) who reaches the following conclusions. 1. Chloralose is a prompt and safe hypnotic, more prompt in its action than any drug except morphine. 2. From a large experience with chloralose, I am satisfied that it is more prompt in its action than chloral and efficient in much smaller doses than the latter drug. 3. Its effects occasionally include involuntary actions, which, while surprising and even fantastic in some of their exhibitions, are, nevertheless, harmless. 4. The drug needs to be further studied. 5. The maximum dose is five grains in a capsule, which may have to be repeated in not less than an hour; it should be tried also in smaller doses, because it is reasonable to believe that the unfavorable effects may be thus adverted while the hypnotic action may be maintained. In spite of Dr. Tyson's advocacy, the drug has hardly any adherents.

Chloretone. Acetone Chloroform. Tertiary-trichlor-butyl-alcohol. $C_4H_7Cl_3O$. Formed by the action of KOH on a mixture of chloroform and acetone. White crystalline powder, camphoraceous odor and taste, slightly sol. in water (100 parts), freely sol. in alcohol, chloroform and ether; also glycerin (7 parts.) It is a hypnotic and a local anesthetic. The dose as a hypnotic is 6 to 20 grs. As a local anesthetic it is used as a saturated aqueous solution, or in the form of powder, or in a 10 to 20% ointment, It seems to possess decided virtue as gastric sedative and anti-emetic. Administered before the administration of anesthetics, it is claimed as greatly diminish vomiting (Hirschman, N. Y. Med. Jour. Dec. 15, 1900.) Possesses also antiseptic properties and those of a general anesthetic. Rudolf recommends caution in its use.

Chlor-methyl-menthyl-ether. $C_{11}H_{21}OCl$. Recommended for coryza, used either by inhalation or applied to the nasal chambers on pledgets of cotton. In contact with the nasal mucous membrane it becomes decomposed into menthol, formadehyde and hydrochloric acid.

Chlorosonin. A combination of chloral hydrate and hydroxylamine. Hypnotic.

Citarin. Sodium salt of anhydromethylene citric acid. White crystalline powder, very soluble in water (1 part) insoluble in alcohol and ether. A new remedy recommended in gout. Dose, 30 grain, 4 to 6 times a day, or even oftener in the beginning of an attack. Claimed to liberate formaldehyde, form soluble combinations with urea and even to possess the power to dissolve the tophi.

Citrophen. A combination of citric acid and para phenetidin in the proportion of 3 groups of the latter to one molecule of the former. (See Apolysin.) White crystalline powder of an acidulous taste, sol. in about 40 parts of water. Antineuralgic and antipyretic. Dose, 8 to 15 grs.

Cocillana. A plant growing in Bolivia and possessing expectorant and emetic properties. Dose of the fluid extract as an expectorant, 10 to 30 minims.

Colchi-sal or Colchisal. Colchicine salicylate or rather a solution of colchicine in methyl salicylate. In the form of small round gelatine capsules, each containing 1|250 gr. of colchicine, and 3 min. of methyl salicylate. In rheumatism and gout. Dose, one capsule. 3 to 6 times daily.

Collargol. See Argentum Colloidale.

Colloidal Silver. See Argentum Colloidale.

Cosparin. See Sodium acetyl sulphanilate.

Cotarnine Hydrochlorate. See Stypticin.

Cotoin. Active principle of Coto bark. Pale yellow tabular crystals of sharp taste, difficultly soluble in cold water, soluble in alcohol and ether. Astringent, especially in diarrheas of children and of tuberculous patients; also antihidrotic. Dose for adults 2 to 3 grs. 3 times a day. Also by subcutaneous injection, of a solution in acetic ether. Its great expense prevents it from becoming popular.

Credé's silver ointment. See Unguentum Credé.

Creolin. Saponified coal-tar creosote. Prepared from coal-tar creosote by the addition of resin and caustic soda, after the complete removal of carbolic acid. Dark brown syrupy liquid with an empyreumatic tar-like odor. Sol. in alcohol, ether and chloroform, also in water (40 parts), but it forms with water a milky emulsion. Disinfectant and antiseptic and claimed to be non-toxic. In medicine it is used principally as a vaginal and uterine injection (½ to 1% or a teaspoon to a pint or quart of water) and as a disinfectant for the surgeon's hands. It has also been recommended in colonic irrigation for dysentery. At present it is used to a considerable extent as a household disinfectant and in veterinary practice. Internally it may be given in doses of 2 to 8 min. for intestinal fermentation.

(*To be Continued.*)

THERAPEUTICS.

Medicinal Treatment of Typhoid fever.

Dr. W. T. Baker, of Midlothian, Texas, thus describes his way of treating typhoid fever patients. We abstract only that part which refers to medicinal treatment. He says: A large percentage of my patients need at first a good, thoro cleaning out; a stimulation of the secretions; and for this purpose I usually use the mild chloride of mercury with bicarbonate of soda, given in grain doses an hour apart until three or four are given, repeated the third or fourth night, as the indications may demand. I sometimes add podophyllin or rhubarb to this, especially if after the first night I fail to get good results. If the fever is high and the patient is aching, as many of them do, I give them at first a prescription containing codeine, phenacetin, salol and quinine to last three or four days, to be given in daytime, continued thru the night if the patient does not rest. In addition to this I give carbolic acid minim 1, tincture of iodine minims 2, and aqua dram 1, every four hours in daytime for its antiseptic effect, and this I continue thruout reason I need to give an absorbent and then I give one that is also an antiseptic. When I have given enuf quinine to be sure I have overcome all malaria and the pain has subsided so I can leave off the codeine and phenacetin, I continue the salol by giving about six grains three times a day, together with bicarbonate of soda and about one-eighth grain of the mild chloride of mercury; this makes up my routine of dosage thruout the fever period with the addition of strychnine to the liquid solution, as soon as indicated by the pulse; thus you see, I have a capsule and a teaspoonful of the antiseptic solution every four hours in daytime. That is all the medicine my patient has to take, that's enuf, unless a dose to relieve pain, quiet nervousness, to produce sleep, or meet any such conditions which might arise and, of course, when I begin in the use of strychnine, I arrange my antiseptic solution in dosage and time to suit it. Before leaving the subject of medication, I wish to say that I have read with interest some very favorable reports from the use of acetozone as an intestinal antiseptic in typhoid fever, as well as other intestinal troubles; but as yet have not tried it myself. However I recommend a careful study of the reports of this new antiseptic and its adoption as soon as its virtues are proven superior to those now in use. I also have a hope that the serum treatment may prove a great success. [Here, I fear Dr. Baker, that your hope will never be realized. While I do not suffer with serophobia, I am perfectly certain in my mind

that the hunt for an antityphoid serum is sheer lunacy. We are having, as it is, pretty good results in the treatment of typhoid, and experimenting with cultures of the bacillus Ebert or the bacillus coli communis is, in my humble opinion, silly and unwarranted. —Editor.]

Adrenalin and its Uses in General Surgery.

According to Dr. HarryGidney, F.R.C. S., Adrenalin is of extreme value in arresting hemorrhage during all surgical operations. It is indicated whenever and wherever any local hyperemia exists, more especially in inflammations of mucous surfaces such as those of the eye, throat, larynx, pharynx, urethra, bladder, nose, rectum, vagina, uterus, stomach, etc. It is used not only to stay hemorrhage when it exists, but also as a prophylactic, given either internally or externally prior to an operation, so as to lessen the amount of bleeding during the performance of that operation. It is a non-irritant to mucous membrane unless when used too frequently and in excess.

A Dangerous Antidote.

"The antidote to nitric acid is ammonium carbonate, potassium bicarbonate or sodium bicarbonate to be followed with whiskey and heart stimulants such as strychnine and glonoin."

The above gem is from *The Medical Summary* (*p. 288*), and is as wrong as can be. Even junior drug clerks know that carbonates and bicarbonates should be avoided in poisoning with acids on account of the large volume of CO_2 which is generated suddenly and which might rupture the eroded walls of the stomach. The ideal antidote is magnesia, and when we say magnesia we do not mean magnesium carbonate, but magnesium oxide, MgO.

Oh, ye blind leaders of the blind!

Sure Corn Cure.

"A sure corn cure is made as follows: Fluid extract of cannabis indica one drop; morphine sulphate, 20 grains; salicylic acid, 10 grains; and collodion enough to make two ounces."

The above is from the same source, same page. Now, in the name of common sense, what good will one drop of fluid ex. of Cannabis Indica do in two ounces of colloidon?

Santonin in Locomotor Ataxia.

Dr. J. J.—There have been two or three reports of favorable action, but you know what such reports amount to. Negro is sure that the lancinating pains are favorably influenced. I do not believe in much drugging in locomotor ataxia. Still you may give it a cautious trial. Don't forget to report results to the CRITIC & GUIDE.

Pyrethrum in Toothache, Ancelat's Elixir.

Dr. R. W.—Yes, I am familiar with that action. Chewing a piece of pyrethrum will often cure a congestive toothache after everything else has failed. I ascribe its effect to its strong sialogogue properties; indirectly the congestion of the gums is relieved.

Ancelat's Toothache Elixir has the following composition:

Tinc. of pyrethrum..	2 oz.
Diluted alcohol	10 dr.
Oil rosemary	10 drops.
Oil lavender	5 drops.
Oil rose	1 drop.

Rub on the gums several times a

Medical Talk says that to its knowledge it is the only medical journal in the world that comes right square in opposition to the cruelty of vivisection. May be. But *Medical Talk* is no more a medical journal than Boccaccio's Decameron is a religious catechism.

Examination Questions of the New York Board of Pharmacy

NOVEMBER 1903.

PHARMACEUTICAL CHEMISTRY.

Identification.

Six Specimens are submitted for Identification. Concerning them state the following:

(a) Synonym or common name. (b) Official title.

This information is to be written on a special blank furnished for that purpose.

The answers to the following are to be written in the book furnished.

1. Vinum Opii. (a) State proportion of Opium present. (b) State entire proportion of Alcohol.

2. Massa Ferri Carbonatis. (a) Why is sugar present? (b) Give synonym.

3. Pilulae Aloes et Mastiches. (a) Why is mastic present? (b) Give synonym.

4. Confectio Sennæ. (a) How much senna is present? (b) Name four fruits present.

5. Extractum Glycyrrhizae Purum. (a) Describe its consistence. (b) What chemical substance is used in its preparation.

6. Charta Sinapis. (a) How is the drug first treated? (b) How is it caused to adhere to the paper?

7. Define (a) Anhydrous, (b) Hydroxyl, (c) Dioxide.

8. Write the chemical formula for each of the following: (a) Potassium Hydroxid, (b) Litharge, (c) Sodium Chlorate, (d) Borax.

9. Give the English name of the following: (a) $Zn(C_2H_3O_2)_2$ (b) H_3PO_4 (c) $CHCl_3$ (d) Sb_2S_3

10. What test solutions will prove the presence of (a) a sulphate, (b) a chloride, (c) a ferrous compound.

11. (a) Describe the generation of oxygen. (b) Show the reaction by an equation.

12. (a) How is H_2S generated? (b) Show the reaction by an equation.

13. Complete the following equations:

(a) $NaCl+NaHSO_4=$
(b) $BaCO_3+HCl=$
(c) $3Cu_2+6H_2SO_4+4HNO_3=$
(d) $Fe_2O_3+3H_2=$

PRACTICAL PHARMACY.

Compound the following.

1. ℞
   Powdered Aloes.....1.00 Gm.
   Make 10 pills.
2. ℞
   Tincturae Ferri Chloridi..... 3ii
   Mucilago Acaciae..... 3ii
   Syrupi 3iss
   Aquae, q.s. ad..... 3ii
3. ℞
   Sodii Bicarb..... 8.00 Gm.
   Potassii et Sodii Tart.. 23.00 Gm.
   Misce ft. pulv. No. iii.

The first three questions relate to the Practical Exercises.

1. (a) Give weight of each pill, expressed in grains. (b) What excipient did you employ? State quantity employed.

2. (a) State order in which you mixed. (b) State why you followed such order.

3. (a) Give official title of the preparation of which the powder is a component. (b) Give common name of this preparation.

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4. When making Tincture of Arnica Flowers is it better to moisten the flowers, or pack them dry, preparatory to percolation? Give reason for your answer.

5. Paregoric:—Give full official title. Name all of its constituents. Give method of preparation. State quantity of Opium present in one-half fluid ounce.

6. (a) Why does the Pharmacopoeia direct that Tincture of Ferric Chloride be set aside for at least three months before using? (b) How does a Spirit differ from a Water? (c) Name an Ointment Base which is readily miscible with water. (d) From what source is this Base obtained? (e) Define the term "Torrefaction."

7. When making U. S. P. Laudanum why should the Opium be first macerated in water for twelve hours? Does water extract all the desirable active principles from Opium?

8. If a Gum-resin is triturated with water what is the resulting mixture

commonly called? Give an official example.

9. Translate the following terms:— (a) Haustus (b) Bis in die (c) Fiat collyrium (d) Post cibum (e) Semis (f) Ana.

10. Give details of Pharmacopoeial method for the preparation of Tincture of Ipecac and Opium.

For, Interpretation, Comment, and Criticism:—

11. ℞
Strych. sulph.....Gr. ss
Quininae sulph.....Gr. i
Ferri redact.....Gr. ii
M. ft. pil. d. t. d. No. xx.

(a) How would you dispense? Give details.

12. ℞
Iodine ..... 4.00 Gm.
Potassium Iodide..... 1.00 Gm.
Water ..... 2.00 Cc.
Benzoinated Lard.....93.00 Gm.

(a) Give official title.

(b) What purpose does the Potassium Iodide serve?

(c) How much Iodine will be needed for 1 Troy pound?

13. ℞
Strych. sulph.....Gr. xv
Tincturae digitalis.....3x
Spir. ammon. arom.....℥i
Elixir simplex.....℥vi
Sig. 3i t. i. d.

14. ℞
Hydrarg. sulf. rub..... 1.0 Gm.
Sulph. sublim.....24.0 Gm.
Petrolati .....75.0 Gm.
Misce.

(a) Give common name of first constituent.

(b) Give full official name of second constituent.

(c) What charge would you make for dispensing.

15. ℞
Liq. potassii arsen..... 3i
Syr. ferri iodidi..... 3iv
Sig. 5 drops t. i. d.

MATERIA MEDICA, BOTANY AND PHARMACOGNOSY.

1. Squill. 2. Thornapple. 3. Broom. 4. May Apple. 5. Pennyroyal. 6. Dandelion. Give botanical name, part or parts employed, active or chief constituents (of each of the 6 articles named).

7. Give the source of the following: (a) Codeine. (b) Phosphorus. (c) Eserine. (d) Cacao Butter. (e) Lanolin.

8. What alkaloids are obtained from each of the following: (a) Golden Seal. (b) Henbane. (c) Belladonna. (d) Jaborandi. (e) Ipecac.

9. Give the botanical name of five plants which furnish official seeds.

10. (a) Sulphur Lotum. (b) Sulphur Precipitatum. (c) Sulphur Sublimatum. State how they differ and how they are prepared.

11. Name the official Salts of (a) Morphine. (b) Quinine.

12. From what are the following obtained: (a) Acetic Acid. (b) Salicylic Acid. (c) Stearic Acid. (d) Lactic Acid. (e) Gallic Acid.

13. Give the official title of five Cerates.

14. Give the official title of a drug belonging to each of the following classes: (a) Alkaloid. (b) Gum Resin. (c) Glycerite. (d) Oleoresin. (e) Resin.

15. Define the following terms: (a) Inspissated. (b) Herbaceous. (c) Succulent. (d) Fecula. (e) Biennial.

16. Give the common names of the following: (a) Rhus Glabra. (b) Matricaria. (c) Hyoscyamus. (d) Cimicifuga. (e) Spigelia.

TOXICOLOGY AND POSOLOGY.

N. B.—In giving doses WRITE THE NAME OF THE DRUG and give Minimum and Maximum dose, unless otherwise directed.

1. To what does Oil of Bitter Almond owe its poisonous properties? Name proper antidote.

2. Should the stomach tube or pump be used in case of corrosive poisoning? Why?

3. Define Toxicology. Posology. Chemical Antidote. Physiological Antidote.

4. Explain the use of Alcohol in case of poisoning by Carbolic Acid. Is its action chemical or physiological?

5. How many official Troches of Santonin should be given a child 3 years. What emergency treatment should be used in case of overdose?

6. What emergency treatment would you employ in poisoning by Atropine? Nitrate of Silver? Opium?

7. What does the law require of a pharmacist when selling a poison in "Schedule A?" "Schedule B?"

8. What emergency treatment should be employed for poisoning by Strychnine? By Arsenic?

9. By what chemical test would you

identify Corrosive Sublimate? Nitrate of Silver? Strychnine?

10. How do Hypodermic and Rectal doses of a medicine compare in size with the average mouth dose of the same medicine?

11. State the emetic dose of Sulphate of Zinc. Sulphate of Copper. Mustard. Syrup of Ipecac.

12. What is the dose of Ammonium Chloride? Codeine? Morphia Muriate? Sodium Salicylate?

13. What is the dose of Black Draught? Extract of Nux Vomica? Spirit of Ammonia Aromatic? Veratrin?

14. What is the dose of Chloral? Chloroform? Phosphorus? Wine of Ipecac.

15. What is the dose of Fluid Extract of Conium? Tincture of Digitalis? Oil of Wintergreen? Bromide of Soda?

Letters, Queries and Answers.

Dear Dr. Robinson:—Enclosed please find $3.00 for 4 year' ssubscription to CRITIC &GUIDE. Fraternally,

S. J. Meltzer, M. D.,
107 West 122d St.

My dear Doctor Robinson:—I wanted to write you long ago how much I do enjoy your CRITIC & GUIDE. It is interesting, original and mirrors individuality. It gives me real pleasure to read it. Success to you! Enclosed please find subscription price, and with best wishes I am, Sincerely yours,

Ludwig Weiss, M. D , 77 East 91st St.

Dear Dr. Robinson: — Enclosed find check. I meant to subscribe long ago, but always forgot to do so. Put me on your subscription list and never take me off.

Yours sincerely,
Heinrich Stern, M. D.,
56 East 76th St.,
Editor Biochemisches Centralblatt,
Prof. New York School Clinical Medicine.

The Medical Brief's Silly Attempts.

Editor CRITIC & GUIDE:

In the December number of the Medical Brief there is an editorial devoted to an attack upon a "concern" which is alleged to have the backing of a German house for the avowed purpose of downing the products of American chemists. Thru information received by me I have learned that your efforts in the cause of legitimate pharmacy and medicine and your crusade against nostrum venders have earned you the bitter enmity of the above publication, which is attempting to pervert the issue by circulating silly and false reports. To earn the hostility of such a journal as the Medical Brief, whose editor is the chief proprietor of many preparations to the propaganda of which this journal is devoted, is an honor for which you should feel profoundly grateful.

To rehabilitate itself this journal has made strenuous exertions of late to secure contributions from prominent medical men thru a professional stenographer, who supplies articles to various medical journals. That some of these gentlemen, however, were evidently unaware that their contributions were intended for Medical Brief is shown by the resentment they have since expressed in letters that have appeared in the medical press. No one, however, who has followed the progress of the Medical Brief will be deceived by thinking it is anything more it has been in the past—the chief organ of the nostrum vendor.

Wishing you the utmost success,

66 E. 112th St. A. L. Goldwater, M. D.

Dear Doctor:—Enclosed please find my renewal subscription to the CRITIC & GUIDE. With best wishes for success,

Wm. W. Owen, M. D.
150 East 127th St.

Dear Dr. Robinson:—Enclosed please find check for $1.00 for CRITIC & GUIDE for 1904. With best wishes for CRITIC & GUIDE, I remain,

G. Kerr, M. D., 74 Market St.

Dear Dr. Robinson:—I beg to remit $1.00 for second year's subscription to CRITIC & GUIDE. Your excellent journal is doing much good. You were successful in 1903, may you be even more successful in 1904, and may the C. & G. continue to prove a welcome friend and an effective help both to doctors and pharmacists. H. J. Straten, M. D.,

105 Rapeleya St., Brooklyn.

Dear Dr. Robinson:—I am pleased to compliment you onyour success in keeping up the interest in your journal. Let the good work go on. With kind regards,

Yours very truly, F. E. Stewart, M. D.
214 Townsend St., San Francisco.

EDITOR CRITIC & GUIDE: The causes of the decadence of the drug business are numerous and I do not wish to discuss them here. I may do so in another place, but I will refer now only to the dispensary and hospital abuse. The poor run to the dispensaries and the rich to the hospitals. As an illustration I will cite one case, which possesses some curious features.

A neighbor of mine, and incidentally my customer, called in a local physician to treat him for a bad cold he contracted "on the curb" in Wall St. The physician diagnosed the case as simple bronchitis and prescribed accordingly. The patient did not feel very much better the next day when the physician made his second call. The patient prevailed upon the physician to give him another thoro exa mination; and when the physician still adhered to his original diagnosis, and made light of his case, the patient became dissatisfied and suspicious. He called up his family physician, who made an elaborate examination and pronounced the case as one of central pneumonia. After the doctor left, promising to bring a nurse with him and send up some oxygen gas and other paraphernalia, the patient became alarmed. telephoned for an ambulence from the neighboring hospital, called for a lawyer, arranged his legal business, sent a message down town cancelling and liquidating his obligations,—in short, an hour after the doctor had left, everything but the undertaker was arranged for. When the patient reached the hospital, he found a private room, nurse, and all necessary accessories waiting for him. When the visiting physician first went "over" him, he wanted to know who had diagnosed pneumonia. There was not even evidence of acute bronchitis! The patient was promptly discharged. His cough and rapid pulse were said to be due principally to an overindulgence in cigarettes, to which he was indeed very much addicted. You can readily imagine the surprise of his family when he made his appearance at home!

H. BEINFIELD,
941 Amsterdam Ave.

Dear Doctor Robinson:—Enclosed find one dollar for the renewal subscription to CRITIC & GUIDE for 1904. Can't get along without it. It is the best journal I take. Always anxious for the next number.

Don C. Weber, Arlington, Neb.

Dear Dr. Robinson:—With pleasure I am sending you my dollar to renew my subscription for the coming year. With many others I doubted if your paper would live a year. I am glad I was mis-

taken, because it fills the bill. With best wishes for further success, I remain,

R. B. Robbins, Ph. G., 539 Lenox Ave.

Dear Doctor: — Kindly find enclosed check for renewal subsciption for your most valuable and instructive journal, the CRITIC & GUIDE. Wishing you success in your noble work, I beg to remain,

Yours very respectfully, S. M. Jacobson,

183 Fourth St., Elizabeth, N. J.

Quinine and Arom. Spir. Amm.

Dear Dr. Robinson: — The following prescription may be of interest to you and your readers.

Quin. sulph.....3i
Tr. Aconiti.....3i
Spir. Amm. Arom.....ʒi
Aq. Cinnam .....
Syr. Simpl. āā q. s. ad.....ʒiv.

Quinine sulphate is soluble in arom. spir. ammonia, but is precipitated as a sticky mass on the addition of water. A good mixture results by dissolving the quinine in ½ oz. spir. amm. arom. and adding 1 oz. mucilage of acacia. A fairly good so-called emulsion is obtained, to which the other ingredients are added gradually. Dispense with a shake label.

E. C. Goetting,

100th St. and Amsterdam Ave.

A Difficult Ointment.

Dear Dr. Robinson:—Herewith I submit to your kind attention a prescription which puzzled us a good deal. We dispensed it after many failures in a presentable and satisfactory way with addition of castor oil q. s., but up to this date do not know the cause of this trouble. Is it physical or chemical? I have made many conjectures which all seemed probable but found them wrong after a little practical experimenting Like to hear your valued opinion as to cause. Here is the ℞ just as received.

℞. Zinc oxide, amylum, vaseline, lanoline, āā 10 pts; acid salicylic, 1 pt; bals. Peru, 10 pts.

This looks innocent enough, but upon being put up it formed a sort of a *putty*, (*not paste*), that was slippery and could not be applied to the skin. Have tried to make it by leaving out successively each ingredient which I suspected to be the cause, but failed. Castor oil proved a satisfactory binding agent, and in fact, the only oil that could overcome the trouble.

With best regards, Yours very truly,

L. Altman, 236 Willis Ave.

[The trouble is a purely physical one. Castor oil *is* an excellent agent for binding refractory ointments, brittle suppository masses, bougies, etc.]

Dear Doctor Robinson: — Enclosed please find $1.00 for renewal subscription to CRITIC & GUIDE. Say, doctor, your journal is O. K; worth its weight in gold; the only journal my wife ever interested herself in. Wishing you success,

Martin Ketterer,

S. E. cor. 3rd & George Sts., Phil'a.

Dear Doctor:—Enclosed find $1.00 for renewal subscription to CRITIC & GUIDE. I received more than its price in instruction and pleasure. Wishing you a Very Happy New Year, Respectfully yours,

324 W. 43rd St., Fred. G. Newbury.

Dear Doctor:—I am reminded that my subscription to the CRITIC & GUIDE must be expired. I enclose money order for renewal. It has indeed been a "Guide" to me, and a source of profit, material as well as intellectual, for in one of the first numbers I found a formula which has proven very valuable to me, and has repaid the investment many times over.

Sincerely yours, W. H. Zottman,

Masonic Temple, Burlington, Vt.

[Actually hundreds of complimentary letters crowded out.]

A Manual of Toxicology. By Albert H. Brundage A.M., M.D., Phar.D. Third Edition, revised and enlarged. Cloth $1.50 net.

That Dr. Brundage's Toxicology answers a popular demand is seen from the fact that it has reached its third edition in less than two years. The most important part of toxicology–that of treatment –is presented in a very satisfactory manner, and while too exhaustive and too minute for the student, will prove useful to those who come in actual contact with cases of poisoning, namely the members of the medical profession. The posology, however, we feel obliged to criticize mildly and we hope Dr. Brundage will take our criticisms in the same kindly spirit in which they are given and will utilize them in a future edition. If the doses were given as average, we would have nothing to say. But the doses are given distinctly as the *minimum* and *maximum* doses, that is doses, below which the drug is useless and above which it is toxic. This is according to the author's own definition, and we must take very decided issue with him. As a rule his minimum doses are too *large* and his maximum doses too *small*. Let us take a few examples The minimum and maximum doses of acidum arsenosum are given as $^1/_{60}$ to $^1/_{20}$ gr. Does the author want us to believe that $^1/_{100}$gr. of arsenous acid is utterly ineffective and that we cannot give more than $^1/_{20}$, say $^1/_{12}$ gr.? Then his experience differs from that of all other clinicians. In many cases of psoriasis for instance, we found $^1/_{100}$ gr. of arsenous acid to produce the happiest result, while higher doses proved injurious. The same is true of many cases of anemia. Many physicians believe even that they get excellent results from $^1/_{200}$ gr. On the other hand we have frequently administered $^1/_{10}$ gr. in chronic malarial infection, with excellent results. Atropinæ sulphas, $^1/_{120}$ to $^1/_{60}$. Here again the limits are too narrow. We get very decided results from $^1/_{200}$ gr., and on the other hand we have often administered $^1/_{40}$ and $^1/_{30}$gr., without the slightest suspicion of toxicity. The maximum dose of creosote is given as 3 min. This will certainly excite a smile in those who have been used to 10,20 and 30min. at a dose. There is one dose however to which we wish call attention, because this is decidedly wrong. Digitalin German (Merck) is given as $^1/_{64}$ to $^1/_{32}$ gr. This is even too small as a minimum. The real dose of Merck's digitalin is $^1/_{16}$ to $^1/_2$ gr.! and is given as such by those who made a special study of the subject, and by the manufacturers themselves, who certainly ought to know. The dose of bromoform as 20 min. is decidedly too large: 20 min , which in the case of bromoform equals 100 drops (!), might prove distinctly poisonous! Many more instances could be shown where the author's doses are not in accordance with our latest knowledge; but after all those are minor defects, which do not detract materially from the value of the book, which may be safely recommended to all our readers: medical and pharmaceutical students, physicians and pharmacists.

"The Story of New Zealand." By Professor Frank Parsons; edited and published by C. F. Taylor, M. D., editor and publisher of The Medical World, and of "Equity Series" 1520 Chestnut street, Philadelphia, Pa.; cloth, over 170 illustrations, many of which are full page. 860 pages; $3 net.

Every man, be his profession whatever it may, should be interested in the true development of his country, in the true progress of the world. If he is not, he is not fully a man. New Zealand is a wonderful country, far advanced above any country in the world in many respects. There are many things that America could and will have to learn and adopt from little New Zealand, and Prof. Parsons and Dr. Taylor deserve the thanks of the public for bringing all the important knowledge about that country in a popular and easily accessible form. If you want to know all about the country without strikes, without millionaires and without paupers, buy and read "The Story of New Zealand".

Diseases of Metabolism and Nutrition. By Prof. von Noorden. Edited by Dr. Boardman Reed. Part II: Nephritis ($1.00). Part III: Membranous Catarrh of the Intestines. (50c.) We noticed the first of this series of monographs in a former issue of the Critic & Guide. The monograph on nephritis is recommended to the average physician most earnestly, as it will give a serious jolt—a jolt he is in need of—to his old ideas about the diet in nephritis. Pars III is also quite interesting, tho it presents nothing essentially new.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.

The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol III. FEBRUARY 1904. No. 2.

WHERE SHOULD WE DRAW THE LINE?

The editor of the largest and most widely circulated medical weekly in this country concludes a long letter to me with the following sentence:

"The question as to what should be admitted to our advertising pages and what should not, has been the source of more worry and anxiety to me than any other one subject since I have been editor of The ————, and I long ago came to the conclusion that there was a personal equation in the matter, and that no hard and fast line could be drawn without throwing out every kind of preparation."

Not quite so bad. There are instances in which we are puzzled, in which we are in doubt where to place a given preparation, but such instances are rare. As a rule, there is no difficulty in determining whether a preparation is worthy of admittance into a respectable medical journal or not. The first and principal test —one outweighing all other tests and considerations—is the secrecy or non-secrecy of the preparation. If the composition of the preparation is secret, then that settles it. We needn't go any further. We simply cannot permit, musn't permit people to tell us to treat our patients with things that we don't know anything about. It is humiliating to ourselves; it is insulting to our intelligence; it is dangerous to our patients; it is blocking the true progress of therapeutics to use things that we don't know "what they are." It isn't true, as the Medical Brief tries to make believe, that we demand to know the exact process of manufacture; that we want to learn the manufacturers' "valuable trade secrets," etc. We do not. But we do want to know what the ultimate product is, that we are asked to use on our patients. All "reports" of the therapeutic value of the preparation are worthless. We all know what such reports amount to. We can get "valuable reports" on anything.

So then, a knowledge of the composition of any medicinal preparation is an absolute sine qua non. After knowing the

composition of the thing, there are several other factors to be determined. Those are: Are any extravagant claims made for the preparation; is it advertised to the laity; are spurious testimonials (or puffs by mercenary writers) published in its behalf; does the preparation represent any therapeutic or pharmaceutic advance, etc.? But all these factors are secondary to the first and most important requirement: A knowledge of the correct composition of the preparation—at least as far as its active constituents are concerned. This, I repeat, is a sine qua non, and here is where the line must be drawn. As to advertising to the laity, we must discriminate between the preparations. If the preparation is a disinfectant, a cosmetic, a tooth wash or powder, or a food, there can be no serious objection. The same is true of laxatives and mineral waters. But a preparation, that is advertised to the laity as a cure for serious ailments and diseases, should be barred absolutely from the pages of respectable medical journals. It is thus seen that after all, it is not so very difficult to draw the line. Of course, if the editor is not a pharmaceutical chemist, he will be often puzzled; but then he can always easily obtain the advice of an expert.

P. S. When I say the composition, I mean the true composition. Fake formulæ are, of course, worse than none at all, and a manufacturer daring to offer such formulæ, or giving chemical terms, which are not even in existence, should receive such an emphatic rebuke from the press, as would make him loath to repeat the performance in the future.

In a future issue, I will give specific examples of all the various kinds of preparations which should not be admitted into respectable journals, stating in each case the reason why.

THE NEW YORK BOARD OF PHARMACY, THE DRUGGISTS AND THE DEPARTMENT STORES.

Not in years and years to come will the druggists of the State of New York get over the slap, wantonly and maliciously given them by their "own" Board, by the Board that is supposed to look out for their interests, by the Board that is supposed to elevate and not to drag in the mire and besmirch the profession of pharmacy. I cannot think of any one factor—or of a dozen factors—that has inflicted so much irreparable injury, both financial and moral, to the pharmacists of the State and of the whole country, as has been done by this utterly selfish, ignorant, incompetent, practically self-appointed and completely discredited Board of Pharmacy!

It ought not to be necessary for me to preface my remarks by again stating my position on the question of substitution. Substitution is damnable; it works great injury to patient, physician and druggist alike, and it must be stopped at all costs. But I declare by everything that is sacred to me, that the statement that one-third of the druggists are

adulterators and substitutors, is libelous, and I further swear that many druggists were compelled to pay fines when they were perfectly innocent; in other words the money was practically extorted from them.

The druggists of New York have no secrets from me. They well know that any statements made to me are held sacredly confidential. When a druggist is caught with wood alcohol, etc., I invariably advise him to pay the fine, say no more about it and be more correct in the future. But I know several druggists whose preparations were strictly according to the Pharmacopeia. I was in their stores and saw them make the preparations. I saw them make their tincture of iodine, and still the Board declared that their tincture of iodine was deficient in strength, and the poor druggists had to pay. It may be asked: why did they pay? Why didn't they fight their cases? I told the druggists that if I had a drug store and were unjustly accused, I would fight the thing to the bitter end. But they have wives and children; they have high rents and mortgages to pay, and they have to look out for the financial end. And they know that fighting a case would cost much more than twenty-five dollars, even if they were successful. And they also further know that it is hard to win a case against the Board, because the sentiment created is very much against the poor druggist at the present time, and so, in inward rage, in shame and humiliation, they pay their fines. And the Board knows it. It knows that nine times out of ten the druggist will pay the fine without going to court; and they—the members of the Board—take advantage of the feeling, which is now prevalent, against the druggists, which they themselves have created, and which they know will help them to win their cases in court.

Purity of Drugs! Elevation of Pharmacy! Pshaw! Whoever is well acquainted with the personnel of the Board of Pharmacy knows that its members care no more about purity of drugs or the elevation of pharmacy than they care about the complexion of the Empress of China. All they do care is to collect as much money in fines as possible. A great part of the money goes for the support of a number of parasites (so-called inspectors); another portion—quite a respectable one—goes to the "secretaries," and the balance—why, the balance doesn't amount to much. And so the druggists who can but with the greatest difficulty make ends meet, are mulcted and mulcted without compunction; without mercy. What is the remedy? I can offer no better remedy than the one I offered several months ago, or several years ago: namely, the formation of a strong defense association for the protection of innocent members. One person is practically powerless; a strong organization with high aims and high legal counsel, formed, I repeat, for the protection of innocent members, would prove a great check to the encroachment of our disgraceful Board, and would effectively thwart any attempts at blackmail.

To such organization I stand ready to give my utmost moral support.

P. S. One word more. Why should the chemist who analyzes the Board samples be a member of the "family?" (Member of same college, same lodge, same fraternal society, etc). Why shouldn't he be an outsider; a man of reputation; a man in whose competence, honesty and disinterestedness everybody could have perfect faith? Why, why? And the walls of the Critic and Guide Office send back the echo: Why?

* * *

There are some ugly rumors floating about with reference to the "clean bill of health" given the department stores, but as I have been unable to obtain any definite information on the subject, I will abstain from discussing them. Rumors are seldom safe things to rely upon, and the statement that where there is smoke there must be some fire has very notable exceptions. As soon as definite information is obtainable, you will hear about it. But, as a member of the Department Stores' Association said, they couldn't have gotten such a splendid advertisement for fifty thousand dollars.

Let it be understood, good readers that in criticizing the board, I do not inveigh against each individual member thereof. On the contrary some of the members have told me that they were opposed to the general tactics of the Board, but being in the minority, they could do nothing.

* * *

To be your brother's keeper is very excellent, if you do not cease to be his friend.

AN INFALLIBLE RECIPE AGAINST WORRY.

There are not many points in medicine, especially in therapeutics, on which there is absolute unanimity. Methods of treatment, considered life-saving by some, are emphatically decried as harmful by others. The effects of alcohol are not yet definitely determined, the statements of the temperancers to the contrary notwithstanding. The same is true of tobacco; it is agreed that the weed is unnecessary, and that we would be better off without it, but many physicians believe that in moderation it is not injurious, and even useful. There is one point, however, on which all schools, all hygienists, all careful observers are in absolute agreement. That is: the fearfully pernicious effect of worry. Pernicious effect both on mind and body. There is no other factor that has so ruinous an effect on our health, that will generate, directly or indirectly, so much disease, will wrinkle our faces and whiten our hair so quickly; will, in short, put nails in our coffins so effectually. Fortunately, we now know, that worry is nothing but a habit of the mind; a habit that can be most positively overcome with a little effort, a little resolution. While I have not much use for the twaddle of the Don't Worry Clubs, still they are doing some good.

And now I will give you my recipe. It is infallible. I know it is, because I have tried it myself. I have been naturally of a worrying disposition, but I have overcome it almost entirely. The

remedy does not consist in repeating mumblingly: There is nothing to worry, there is nothing to worry. This is insincere; it isn't true. There is a good deal to worry about, but there is a means to overcome worry, and it consists merely in this: Think earnestly and seriously, and remember, that worrying does not improve matters any. If you are in a predicament, if you are face to face with trouble, then you need a clear head; if you expect to extricate yourself from your position, your brain must be free and clear to think and to consider all the circumstances of the case. And worry dulls the thinking faculties, paralyses the will and often makes you do things which are just the opposite of what you should do. Then, further, think that life is exceedingly short, that we live but once, and consider how trifling, how ridiculously small and insignificant all those things, over which you worry now, will appear to you when you will be—on your deathbed. Oh, how foolish those things will seem to you! The monks of old used to have the sign "Memento Mori" in front of them. I had it in my office for several years, but I don't need it now. I always remember it. Try the method a few times. After a while you will go through the above process of reasoning unconsciously, and in a fraction of a second; and you will succeed in conquering that disagreeable little demon, Worry, whenever it makes its appearance. And you will be a happier and healthier man—or woman—in consequence.

WHAT IS THE MAXIMUM DOSE OF CARBOLIC ACID?

Apropos the maximum and minimum doses of drugs, which we discussed in the January issue, the question of the maximum dose of carbolic acid is not without interest. I am not in favor of heroic doses, except where the indications are perfectly clear, and where the benefit to be derived is a moral certainty. The maximum dose of carbolic acid is given as 3 min., but I know personally cases which were greatly benefitted by much larger doses. In a recent number of the Journal of the American Med. Ass'n, I referred to a patient who is taking 30 min. of liquefied carbolic acid two or three times a day. Knowing that Prof. Seneca D. Powell has had more experience with phenol than any other man in America, I wrote to him, asking what the largest dose was of carbolic acid that he had ever administered to a patient. And here is his answer:

West 40th Street.

Dear Doctor: I have a patient who is taking 50 grs. of carbolic acid three times a day. He has tuberculosis in both lungs, cavity in one, and has so far improved that I have assured him of complete recovery. If you will come down to my clinic at the Post-Graduate, I will endeavor to convince you of the benefits of my method. I thank you very much for your letter of inquiry, and remain,

Very truly yours,
Seneca D. Powell, M.D.

What would a student get if he gave the maximum dose of carbolic acid as 50 min.?

SOMETHING OF REAL IMPORTANCE TO ADVERTIZERS.

I believe I was the first one to call attention in a prominent manner to the fact that in selecting advertising media, the tone of the journal is a very important factor. Many good medicinal preparations are positively injured in the eyes of the medical profession, when seen side by side with some nondescript fake. An important book, The Theory of Advertising, by Prof. Walter Dill Scott, Ph.D., Director of the Psychological Laboratory of Northwestern University, fully supports my position. I cannot refrain from presenting a short extract:

In choosing the places in which he should place his advertisements the advertiser should not only consider the circulation, but he should also consider *the tone* which each publication would add to his particular advertisement. It is well to have a large number of persons read your advertisements; it is better to have those read it who are interested in it and have the means to purchase the goods advertised; but it is still better to have a large number of the right kind of persons see your advertisement in a *publication which adds confidence and recommends it favorably* to your prosperous customers. * * * The statement that a man is known by the company he keeps is not often challenged, and yet the statement would have been equally true if asserted of an advertisement. If a man is seen frequently in the company of rascals we think at once that he has become a rascal. The honorable man loses his reputation by associating with dishonorable persons. An honest firm which advertises in a disreputable sheet and brings its advertisements into association with advertisements of a disreputable character lays itself open to suspicion.

Gentleness and good cheer—these come before all questions of morals.

PERNICIOUS TREATMENT IN SEXUAL IMPOTENCE AND NEURASTHENIA.

The first thing the average doctor does when a patient comes in complaining of weakened libido, or potentia, is to prescribe stimulating remedies. Without giving the matter a thought, he at once writes for strychnine or nux vomica, for phosphorus, iron, damiana, etc. This is pernicious practice. What the overworked, weakened (weakness thru sexual excess, masturbation or emissions) and irritated organs need is sedation, rest, and not stimulation. It is pernicious and cruel to overstimulate any weakened organ. It is only after the organs have been given a long and thoro rest, that we may commence with careful, slow and judicious stimulation. I am glad to see that this truth is beginning to be recognized by the leaders of the profession, and I call our readers' attention to Dr. Mettler's case, printed in this issue, in which the author emphatically advises against stimulation.

* * *

The Critic and Guide may still be the enfant terrible of medical and pharmaceutical journalism, but it is no longer a joke.

* * *

During the past year I have attacked and exposed six or eight different preparations. In each case I offered to the manufacturers an opportunity to answer me. I offered them unlimited space to refute my arguments, to contradict my analysis, etc. I promised to print their communications without the slightest

change, and to apologize publicly if I should be shown to be in the wrong. Not one took advantage of my offer. Some came down to my office personally; they tried to show that their profits were not at all so large as I thought; they did not see why they should be selected for attack, when they were so many like them—but against the correctness of my analyses, none had a word to say. Which shows that —well, the readers know what it shows.

EVERY MAN HAS AT LEAST ONE FRIEND.

There is not a man, be he ever so humble, who can not influence at least one other man, to the extent of a dollar, at any rate. I want at least 50,000 subscribers. The Critic and Guide deserves it, and I believe there are at least 50,000 people in the medical and pharmaceutical profession good enuf to appreciate it. And I would ask every reader (every reader without exception, i. e., regular subscriber, advertiser, complimentary reader, library reader, etc.), to help me obtain 1-50,000th of the number I want. It is surely not asking you too much to get one—just one—subscriber for the Critic and Guide. You will help the good work, and you will help us to give you a bigger journal. Do it now.

ARTIFICIAL GONORRHEA.

Few people in this country have any idea of the brutal and barbarous treatment to which soldiers are subjected in Russia. It is no wonder that many young men there maim and cripple themselves, even for life, and have various dangerous diseases induced in them, in order to avoid the hateful military service. Supply always follows demand, and there are "specialists" in Russia quite skilled in producing various diseases and injuries. Our esteemed contributor, Dr. L. Jacobi reports an interesting case from his practice. The patient had been suffering from gonorrhea for two years, and he acquired the disease in the following peculiar manner:

Being a native of Russia, he was drawn when 21, into military service. There he attempted to avoid duty by feigning sexual disease, and succeeded in gaining admission to a military hospital. In the latter he met a number of feigned patients, and for a time all went well, until it became known that a strict examination would be made by a physician. Frightened by the severe penalties awaiting pretenders, the "patient" resorted to a knowing comrade who undertook, for an appropriate fee, to avert the impending danger. Accordingly, he soaked a piece of cigarette paper in gonorrheal discharge, and inserted the small roll into his victim's urethra. Three days later a highly satisfactory result crowned the experiment, and when the attending physician at last made the examination, he found sufficient numbers of genuine gonococci to warrant his further detention in the hospital. This unnatural gonorrhea is running its indefinite course to the present day.

PREVENT THE PEOPLE FROM POISONING THEMSELVES WITH ACETANILID and PHENACETIN.

In many States in the Union there is going on active an agitation looking toward the suppression of the indiscriminate sale of cocaine, morphine and other narcotics. This agitation has my hearty sympathy and my hearty support. But it seems to ms, we are not going far enuf. While we are about it, we should endeavor to introduce and pass a law prohibiting absolutely, except on a physician's prescription, the sale of coal-tar depressants, such as phenacetin, acetanilid and all those fake mixtures, the principal ingredient of which is acetanilid. Few have an adequate idea of the enormous amount of coal-tar products consumed at the slightest provocation and, of the terrific amount of damage wrought by them on the peoples' hearts and blood vessels. We have been a nation of dyspeptics; we are becoming, thanks to the indiscriminate consumption of tons of Phenacetin and acetanilid, a nation of cardiacs! The blood is gradually and continually poisoned, the heart-muscle is weakened and degenerated—and when serious disease, which imposes an extra task upon the heart, comes, the patient is unable to resist and promptly succumbs.

The coal-tar antipyretics are a serious menace to the health of the people and he who should succeed in passing a law prohibiting the sale of those drugs, except on a physician's non-repeatable prescription, shall deserve and shall have monuments more enduring than brass.

HARLEM MED. ASSOCIATION.

Will my esteemed fellow-members of the Harlem M. A. kindly remember that 1) we inhale oxygen, 2) exhale carbon dioxide, 3) that, given a room with one or two hundred people in it and all the windows and cracks religiously closed, the air in such room will necessarily become charged with more than 0.04% of CO_2, 4) that an atmosphere vitiated with CO_2 is not only unsanitary and uncomfortable, but conduces neither to clear thinking nor to clear discussion, and last but not least, 5) that a temperature of 95° F is neither necessary nor hygienic? This by way of preface.

The paper of the evening was by Dr. Martin W. Ware, who discoursed on the Moot Points in the Treatment of Fractures. The paper was very instructive, indeed, and many of the Moot Points were unmooted (This last word is not yet in the dictionary.) Dr. Simon Marx read a well-written, full of feeling, and at the same time devoid of fulsomeness, memorial on Dr. Edward Friedenberg, who was so suddenly taken away in the prime of life. Dr. Lester L. Roos exhibited a compound fracture of the tibia and simple fracture of the fibula in a case of locomotor ataxia; Dr. Irving S. Haynes treated the society to a case of traumatic rupture of the spleen, with a splenectomy. The most interesting case from a pathologic standing was presented by Dr. I. Abrahamson. It was a case of universal angiomata in boy of 16. The angiomata (or as Dr. Gould wants it, angiomas) were everywhere: on the tongue, cheeks, in the throat, retina, penis, etc.

The following were elected to membership: Drs. H.L. Goodman, 1143 Lexington Ave.; J. Weinstein, 145 West 118th St.; J. Schrift, 1640 Madison Ave.; I. Adler, 22 East 62d St.; Wendell C. Philips, 40 West 47th St.; Maurice Packard, 159 West 121st St.

THE BANQUET.

Feb. 11th 1 a. m.—Have just returned from the banquet of the Harlem M. A. Father, I cannot tell a lie. It was the cheapest affair I have attended in a long while. The menu was very nice—for 75c. a plate; but for $3.00 per plate, it was an outrage. And the speeches—for flatness, vapidity and all around nothingness they were *non plus ultra*. No, the H. M. A. is all right; but its last two "affairs" were beautiful failures.—

DEATH OF MEDICAL JOURNALS.

Another medical journal—cradle and grave in Milwaukee—gone, gone forever. It is my melancholy duty to predict the more or less speedy death of at least six more medical journals. Few tears will be shed, however. They have been sickly since birth, and have been kept up only by the extraordinary care of their mothers and nurses. Now that these are gone, they are bound to die of athrepsia.

Since writing the above—but a few days ago—two more journals have ceased to exist: The Medical Dial and the Journal of Tuberculosis. The first one didn't amount to anything, but the second was a respectable journal. Lack of vitality in the first instance. Appeal to too limited a number of readers in the second. Survival of the fittest. That's all.

P. S And still another: The International Medical Magazine; too bad. It was a good journal and I confess that I did not expect that it would die so prematurely. I thought it was firmly established.

WHAT'S THE CAUSE?

As is well known to everybody, the real *raison d'etre* of the Medical Brief is to advertise certain nostrums of indefinite character and composition, in which the editor has a more than purely platonic interest. Up to lately, even the greater part of the editorials were devoted to panegyrics of seng, chionia, Dad's quinine pills, ecthol, etc., etc. For the last four months there was not one editorial on any of those nostrums. What's the cause? Did the subscribers get sick of that constant laudation of nostrum-humbuggery and is Dr. Lawrence desperately trying to pull his journal out of the mire in which it has been wallowing? Or did our most excellent Assistant Postmaster General Madden whisper gently into Dr. Lawrence's ear that that kind of editorial must cease, or the Brief might lose its second-class mailing privileges? Which is it?

The Maryland Medical Journal becomes entirely too hysterical in its denunciation of Miss Jewsbury for the part she has played in the Carlyle-Froude controversy. As if sexual impotence were the most heinous of all crimes.

There is now going on in Germany a very active agitation looking toward the suppression of venereal diseases. Never before have so many articles been written and so many papers been read on the subject, as at the present time. We have no doubt that in Germany this agitation will bring fruit.

When a man has a new truth to tell, he must guard very strongly against the temptation to overstate his case.

Is the Journalistic Field overcrowded? It is and it isn't. It is overcrowded with Trash, Venality, Mediocrity, Smugosity and Platitude, but the *real* journals, journals of Individuality, of Character, of Originality, of Depth and of Incorruptibility are very few, indeed. There is an opening for a hundred of them. And they will all get along.

Dr. W. B.—No, I have no staff. Neither a figurehead or dummy staff, nor a real one. I do it all myself, and my poor head alone is responsible for whatever merits or demerits this journal may possess. Not that I would object to a staff, but I do not yet feel justified in treating myself to one.

RADIUM.

Radium, Radium, Radium! All the journals are radiating radium. I suppose I am supposed to say something about it. Well, I just won't. I refuse to get over-enthusiastic and slop over. Radium is physically a wonderful substance, but that does not necessarily mean that it must be a wonderful medicinal agent. I do not say anything disparaging about it, but I do not think we have yet sufficient data to pronounce an opinion about it. It may prove of inestimable value in medicine; it may prove practically worthless.

I have seen too many remedies and methods that were going to revolutionize medicine, but which are now resting in deep oblivion.

☞Public notice is hereby given to the few Good People, who have as yet failed to Send in their renewal subscriptions, to Kindly do so at once. We want you on our list, you want the CRITIC AND GUIDE, so why delay? Attend to the little matter to-day. A dollar is welcome, and three dollars for 4 years is welcomer still.

Recommendation of the "Patent Medicine" Committee of the American Medical Association.

The Committee recommends:

1. That newspapers which do not print objectionable medical advertisements are entitled to and should receive the favor and preference of medical men.

2. That articles on the dangers arising from the use of quack nostrums should be written for such newspapers for publication.

3. That the Committee on National Ligislation be asked to consider the feasibility of the introduction in the next House of Representatives an interstate measure prohibiting or limiting the sale of poisonous and dangerous patent medicines.

4. That no medicinal preparation for internal use, as distinguished from antiseptics, cosmetics and dietetics, advertised as a remedy or cure to be laity, is entitled to the patronage of physicians, nor should such be admitted to the pages of the medical journals, nor to the exhibitions of the American Medical Association.

5. That manufacturers be requested to print the scientific or chemical names under the trade names of all pharmaceutical or chemical preparations.

6. That the general plan and object of the National Bureau of Medicines and Foods are entitled to a further careful investigation by a special committee of the American Medical Association.

WM. J. ROBINSON, New York.
A. W. BAER, Chicago.
H. C. WOOD, JR., Philadelphia.

On motion these recommendations were adopted.

We have nothing to sell, nothing of our own to advertise, and therefore cannot afford to scatter the CRITIC AND GUIDE promiscuously. We expect every one desiring to read the CRITIC AND GUIDE to pay for it. We are firmly convinced that we are publishing one of the best little journals in the world and that it is worth more than we ask for it.

"Do hogs pay?" asks a farmers' journal. Editor Lamphear says that in his experience they do not; that they take a medical journal about five years without paying for it, and then return a copy to the publisher marked, "refused." We have had some experience of this kind. No, hogs don't pay.—Texas Medical Journal.

But why let the hogs have your journal for five years free? If a subscriber is several months behind in his subscription, and does not reply one way or another to your communications, cut him off! If you don't feel like cutting the "hogs" off, then blame yourself. No, hogs don't pay. But they can be made to pay, or to get off the mailing list.

The sale of carbolic acid, except on a physician's non-repeatable prescription, should be prohibited absolutely. It is the most frequently employed suicidal agent, and with the prohibition of its sale hundreds of suicides and deaths "by mistake" would be prevented.

☞We are just as anxious as you are, you should receive the Critic & Guide regularly. But—errare humanum est. A mistake will happen, an oversight will occurr; the mailing clerk will either omit a name or make a mistake in a figure, or a wrapper will tear or the mail carrier will deliver the journal to a wrong address, etc, etc. We beg you to AT ONCE notify us, if you fail to receive the journal by the 20 or the 22nd of the month. We are very anxious for you to receive every number regularly and you do us a great injustice if you fail to let us know of any irregularity. Please let us hear from you promptly.

[Written for the CRITIC & GUIDE]

EXAMINATIONS IN TOXICOLOGY.

By Prof. C. S. N. Hallberg, Chicago.

Dear Doctor:—I read with much interest your timely criticism on the fallacy of including questions on Toxicology in Pharmacy Board Examinations. As you clearly show, the subject of Toxicology is entirely outside of and beyond the requirements of pharmaceutic practice, as well as the attainments of pharmaceutical education and should therefore not be included in the examinations. Most common chemical antidotes only, whose action is based upon well known principles and is therefore demonstrably certain, as for example, that of Lime and Oxalic Acid, should be required of pharmacists. The field is certainly broad enuf without ercroaching upon a distinctly medical subject, or one involving more or less uncertainty, speculation and theory. While a student in Philadelphia, I would sometimes feel discouraged. thinking of my ignorance, when listening to my classmates talking glibly of toxicology, physiologic antidotes, etc. For years afterward I thot that my education in this line had been neglected and only when I acquired some real medical information did I begin to realize how superficial and dangerous was the little knowledge which I had picked up during my pharmaceutical career, altho this was so extensive as to include "prescribing for doctors"— constructing formulas or new combinations and getting up the necessary labels and other literature. I have always endeavored in my pharmacy teaching to avoid special therapeutics except in rare instances, when essential to the correct understanding of some particular pharmaceutical point in compounding or dispensing.

I have however felt for many years that the pharmacist should have a fair knowledge of general therapeutics to qualify him better for the compounding of many preparations whose sattsfactory administration and certainty of action demand a consideration of general therapeutic facts and principles. I believe this is largely in the administration of nearly all medicinal agents, not in a liquid state both for internal and external use.

If more attention had been paid to this subject, the administration of every kind of Dry Medication in the compressed tablet form would not have become such a great fad and agents which react with each other in the presence of water, such as Bi and Hg compounds, would not be *massed* for capsules.

But it is with the External preparations that the greatest difficulties arise. Here the character of the vehicle, its ratio of penetration of the skin, or its miscibility or solubility with the secretions of and effects on the mucous membrane, are all factors which influence if not determine the action of the medicinal agents. An attempt has been made in the new Pharmacopeia to reconstruct the formulas for these various classes of preparations according to the accepted views of modern therapeutics and it is hoped that when the U. S. Pharmacopeia of 1910 is written, it will be more in harmony with the advance of medical science in this particular.

Wishing you and the C. & G. the fullest measure of success, I am yours cordially, HALLBERG.

[Written for the CRITIC & GUIDE.]

ARGYROL IN GONORRHEA.

By L. Ratner, M.D. New York.

Editor CRITIC & GUIDE: Faddism is the order of the day, and our confrères will run after new and strange gods, in spite of all the preaching of the CRITIC & GUIDE and other common sense journals. There seems to be an argyrol craze in New York. I thought I would give it a trial. I tried it in five cases in all. In three the results were fair, similar to those obtained from the older organic silver salts, or the bismuth-zinc-hydrastis mixture. In two cases, however, the results were very bad, so bad that I don't expect to ever use the drug again in my practice.

Case I. Acute primary gonorrhea, five weeks' duration. Case was getting along very well under santal oil and the following injection: Zinc Sulph. 1.0, Bism. Subgall. 6.0, aqueous hydrastis 30.0, and water q. s. ad 240.0. The discharge had practically disappeard, only a drop in the morning. I gave the patient a five per cent. argyrol injection, which he was directed to use twice a day. We are told so much about the perfect innocuousness and non-irritability of argyrol, even of solutions 20 per cent strong, that I thought a 5 per cent solution safe. After the very first injection, the patient noticed considerable ardor urinae, which he had not experienced before, except for the first two days. The patient continued with the injection, considering the ardor urinae natural. On the second day, the discharge was considerably increased in amount, and the penis became edematous; on the following day I was called to his house and found him laid up with a most severe orchid-epididymitis. The argyrol was discontinued, of course, alkaline and demulcent drinks were ordered, and an ointment of ichthyol, guaiacol and ung. belladonnae was applied. The patient is improving, but is still in bed.

Case II. This case represents some peculiar features. The patient is a druggist, 25 years of age. Second attack. I treated him with one of the well-known organic silver salts, and he was making excellent progress. The discharge had completely disappeared, the urine was clear, with only an occasional little shred. Internally he was taking urotropin, 5 grains in a glass of water, 3 times a day. I was about to discharge him in 3-4 days. He then suggested to me to try argyrol "to finish it up". He saw it prescribed so much and was anxious to have it tried on himself. In spite of the unfavorable experience with Case No. I, knowing very well that one swallow does not make a summer, I acquiesced and ordered a 5 per cent. solution, which I injected personally twice a day. Before each injection the patient urinated, and I syringed his urethra with warm water, as I always do. The patient kept in each injection for about 10 minutes. After the fourth injection, symptoms of severe irritation became apparent. The discharge became very profuse, and even slightly sanguineous. The patient persisted with two more injections, on his own responsibility, and was soon laid up with very distressing disuria and strangury. A very violent, exquisitely painful, epididymitis also made its appearance the next day. It required hypodermics of morphine and atropine, hot rectal injections, suppositories of morphine and belladonna, large doses of hyoscy-

amus and infusion of linseed, before the patient's condition became bearable.

I do not wish to draw absolute conclusions. The best drugs sometimes produce unexpected effects. But one thing is sure: The claims of the manufacturers of argyrol, that their preparation is absolutely nonirritating, are false; and the percentage of untoward effects in my limited number of cases is rather too large (40 per cent. !) to warrant me in experimenting with so uncertain a drug, especially when the older preparations of silver and bismuth are safer, less irritating and more reliable.

1536 Madison Ave.

[Written for the CRITIC & GUIDE.]

DOSES AND TOXICOLOGY.

By Prof. Albert H. Brundage, Phar.D., A.M., M.D.

Editor "CRITIC & GUIDE."—I have noted your review of my "Manual of Toxicology," and while I appreciate the recommendation which you give it, and am by no means infallible in doses or anything else, I am conscious that a certain degree of misunderstanding of certain points to which you refer, may prove misleading. Therefore in the same true spirit which you assume, I beg to respond, and feel sure that your sense of equity will accord my response due prominence in the CRITIC & GUIDE. In the first place, you will observe the tables on *Doses* are in the "Appendix" and not a part of the book proper. Furthermore the doses given are not an opinion by the author but a mathematical result; it being stated in regard to most of the doses that the "table is the result of the author's comparing and averaging the doses stated by the leading American and European authorities". In some cases this was not possible as the preparation was not stated by the majority of authorities. In such case it was endeavored to give the view of the latest and best authority.

Regarding the giving of "minimum and maximum doses", such is the method usually pursued; and it would seem wisely so, for what most of us wish to know is the dose below which it is ordinarily considered unsatisfactory to go, and that dose which to go above it is usually considered at least hazardous.

A wise pharmacist investigates when a dose outside of these limits is prescribed in a case about which he is ignorant. Of course cultivated doses of almost any medicinal preparation are possible and far exceed the ordinary limits. But these do not affect the rule in regard to primary dosage which is the dosage of the dose tables. Nor does an individual susceptibility to an unusually small dose of a medicine, or unusual tolerance of a dose greater than the ordinarily accepted maximum, discredit the rule.

Regarding the dose of "Digitalin, German (Merck) having been given by me as $\frac{1}{64}$ to $\frac{1}{32}$ grain, would say: I have three different publications by Merck giving the dose of this preparation, and in no two is the dose given alike. In one of them the dose given is that to which you object. Furthermore, in Coblentz's "Newer Remedies" the same dose is stated for this preparation, also in the "Dose Table" (1903) "Compiled specially for Goulds Pocket Dictionary, Fourth Edition, and the Physician's Visiting

List". All of which are considered perfectly reliable and are widely used. The last edition of the "Reference Handbook of the Medical Sciences" also quotes this preparation by Merck, at the same dose, and cautions not to exceed ½ grain daily. If Merck has put different strengths of this same German Digitalin on the market, it is surely wisest to state, for the present at least, that dose which will be safe for all; i. e. that given. Schlief, Butler, Bartholow, Shoemaker and Hare also consider this about the proper dose of Digitalin.

Concerning your criticism of my stating the maximum dose of Bromoform as 20 minims, would say: As one of our best authorities says of Bromoform "it is not much used". Prof. Bartholow says of it: Bromoform is not actively toxic. Authorities differ widely as to the dose. Prof. Bartholow says: "The dose ranges from 2 minims for an infant to 3 to 5 minims from 2 years up to 5 and in the same proportions for elder children, and for adults 10 to 15 minims, 3 or 4 times a day. "Also that "Dr. Angrisani" (in excitement in the insane) "begins with a dose of 15 minims increased to 30 minims if desired." Dr. Foster, after recommending doses similar to those given by prof. Bartholow, says: "The dose for an adult may be gradually increased to twice or three times the size here given and no unpleasant effects will result."

However I note that authorities which have appeared since my "Dose Table" was compiled are disposed to recommend a smaller dose of Bomoform. And I, with you, think the dose may well be stated smaller. Therefore when new copies of my book are printed, I shall have a smaller does inserted.

In your editorial in the same number of the "CRITIC & GUIDE", under the heading: "Examinations in Toxicology", you make some statements to which I could not subscribe; but you say a very true thing there when you say what you do about the importance of maximum doses in a pharmacist's examination.

You are also undeniably correct in the statement that a good deal of latitude, in maximum doses, should be allowed the candidate. And in my six or seven years experience as a Board of Pharmacy examiner in the doses of medicines I have alwaey made it a point to accord a reasonable latitude. I do not know who either of the examiners was whom you criticize in this same editorial, but I have sometimes found that inexperienced examiners fail to realize that it is no simple matter to examine fairly and well in any respect. An examiner needs to be extensively informed, and must constantly review his field and its relations. In some things he can not cofine himself to absolute, fixed points; certainly not in doses. For him a dose table is merely a general guide.

Again thanking you for your kind recommendation of my book, I am

Yours Truly, ALBERT H. BRUNDAGE.

As far as I know the difference in the dosage of German Digitalin as given by different authorities is not due to different strengths of the preparation, but merely to the fact that *later* researches — physiologic and clinical—have demonstrated the larger dosage to be the correct one. Where digitalin fails to act, it is due to insufficient dosage. I myself have given digitalin in ¼ and ½ grain doses, 3 times a day, for weeks at a time, with happy results, and Prof. Patton and Beates, told me that they wouldn't hesitate to use even grain doses where indicated. Editor.]

(Continuation)

138—Collodii.....ʒj
Aetheris.....ʒss
Liq. Ammon. Fort.....ʒj
Tr. Iodi.....ʒiss

By a strange coincidence, no sooner had I disposed of the previous prescription than I was requested to criticise the above. The druggist had dispensed it without giving it a thought, as at first it looked all right; but there really was very much the matter with it. The reason that no precipitation was noticed at once was due to the extra ether entering into the prescription; but after a while the pyroxylin is precipitated out completely. That is not all, however. The iodine combines with the ammonia to form ammonium iodide and iodate; and it is due to this fact that the odor of the ammonia very quickly disappears (almost completely). There being in this prescription an excess of iodine, the mixture is brown at first, but gradually it becomes lighter, until in a short time it is perfectly colorless. Undoubtedly the excess of the iodine combines with the ether to form ethyl iodide. What is obtained in the end? A little cotton at the bottom of the bottle, with a supernatant solution of ammonium iodide and iodate (in an ethereo-alcoholic medium). The prescription, as written, should not be dispensed, because both the protective value of the collodion and the counter-irritant effect of the iodine are entirely destroyed. If the ammonia water is omitted the prescription is all right in every respect. As the ammonia disappears anyhow (from its combining with the iodine), there can be no objection to that course; but the physician should be informed of the change made.

139—Plumbi Acetatis.....ʒj
Glycerit. Ac. Tannici.....ʒiij
Aquæ.....ʒiss

"Is this prescription incompatible and would I have been right in refusing to dispense it?" was a query put to me recently. It should be remembered that the words "incompatible" and "non-dispensable" are not synonymous. A prescription may be incompatible, but as long as it is not dangerously poisonous or explosive, and it can be poured from the bottle (if a mixture), we may dispense it—if the physician so desires. There is, of course, no question as to the incompatibility of the prescription. Insoluble lead tannate is formed, and, of course, precipitates. If the

proportions are large an almost solid mass is formed. Whether to dispense it as written or to inform the physician depends a great deal on the directions. If it is to be applied externally, with lint, etc., there can be no objection to its being dispensed—many physicians believe lead tannate to be an excellent remedy in phlegmasia dolens, epidydimitis, buboes, etc.; but if the mixture is to be used as a gargle, for instance, I would advise informing the physician.

140—Zinci Chloridi ..... gr. xx
Collodii ..... ʒiij
S. : Apply to corn with camel's hair brush

The druggist, anticipating some difficulty in dissolving the zinc chloride directly in the collodion, dissolved the salt in about half a dram of water and mixed it with the collodion; thus converting it into a useless mass. The right way is to dissolve the chloride in a little—a few drops—alcohol (in which it is very soluble), and then mix the solution with the collodion. I have seen another druggist, wishing to put up an effective corn cure, mix liquor potassae with collodion, and thus spoil about 8 ounces of the latter.

141—3 Tr. Nucis Vom
4 Tr. Digitalis
1 Tr. Ferri Choridi ..... āā ʒij
2 Ac, Phosph. Dil
5 Aquæ ..... ʒij

This mixture will present a somewhat different appearance, according to the manner in which the ingredients are mixed. I know of a case where ignorance of this fact cost the druggist a valuable customer. If the ingredients are mixed in the order in which they are written, a somewhat dark and turbid mixture is obtained. The tannin of the first two ingredients produces the tannate of iron, which is in turn decomposed by the phosphoric acid. If the phosphoric is first added to tincture of iron, a perfectly colorless solution is the result, due to the formation of acid ferric phosphate. On now adding the tinctures, a much lighter and clearer solution is obtained. The druggist, above referred to, forgot the order in which he mixed the ingredients the first time, and on renewal the mixture had a different color. No amount of argumentation would convince the patient that no mistake had been made. He said he preferred to patronize more careful druggists. In such prescriptions the exact order of mixing should be noted, by the aid of figures, as shown above.

:ASE OF SEXUAL NEURASTHENIA.

)f. L. Harrison Mettler, A.M., M.D. Chicago.
From his neurological clinic.]

S., aged twenty-three. Sin- Clerk. Hebrew. When it sixteen years of age, pa- began the practice of mas- ation. He does not recall or how he began the practice. is an important point to in- into, for while the habit may arted as a matter of curiosity nstruction on the part of a mate, producing secondarily well-known neuroses and psy- es, in many other cases it is in on account of the previous ence of a neuropathic con- n, and therefore is a symp- rather than a cause. The nt states that he ceased the tice after a year or so, but emissions continued, particu- at night with lascivious ms. For the last four months as failed to have the usual ions, and he says that all al appetite has completely shed. This worries him, and op of it all he presents, as will observe, a perfect picture general neurasthenia. He is e leather business and denies ific disease and the use of to- o and alcohol. He is fat and y in build, and shows a few nata of degeneracy about the . He has an inveterate l catarrh and coughs some- t. The lungs are normal. The t action is irregular and la- d—a neurotic heart. He its easily and profusely, and that the sweat seems to dry form crusts upon his skin. mind wanders and he lacks power of concentration. He has frequent neurasthenic headache. Vertigo occasionally troubles him. He is wakeful at night and is subject to distressing dreams. He gets up in the morning unrefreshed. His appetite is capricious. His bowels tend to be costive. Micturition is normal. His eyes tire easily. Occasionally there is a slight tinnitus. His back aches and he fears his kidneys are affected. He is melancholy and thinks he may be going insane as the result of these seminal emissions.

Treatment will be psychic and tonic.

This is not a novel case, and I show it to you merely to emphasize the fact that sexual neuroses and psychoses are generalized nervous troubles, and must not be treated solely upon a sexual basis. I suspect that a neuropathic condition had something to do with the origin of the habit of masturbation; that as the habit grew it reacted psychically upon the neuropathic nervous system and so developed the present severe neurasthenic and hypochondriac condition.

These cases are very hard to treat, but if details can be carried out, the patient can be cured after a number of months. The mind must be forcibly impressed from the start. Therefore, check at once, if you can, with atropine, the bromides, hyoscyamus, codeine, etc., the irritable emissions. Instruct the patient to avoid all stimulants, such as alcohol, tobacco, tea, coffee, condiments, cold baths, etc. Night study is a stimulant. A short, easy stroll in the open air for ten or fifteen minutes, followed by a warm bath

before retiring, is to be commended. Little or no food, or drink, is to be taken after six o'clock in the evening. Social life is to be encouraged, especially in ladies' society. Interest in good reading, games, outdoor sports is to be encouraged. The cold sound should be passed daily for a while in the urethra. In addition to all this, and not a whit less important, but rather more so, is the general vigorous treatment, psychic, tonic and nutritional, for the run down nervous system. This is the hardest part of the treatment. Time will not permit me to go into this now, but one word I will say: avoid and continue to avoid stimulation. [See editorialette in this issue.]

FATAL POISONING BY OIL OF WINTERGREEN.

By J. B. McNerthney, M.D., [Northw. Med.]

The infrequency of fatal poisoning by oil of wintergreen, and the small amount of literature on the subject leads the writer to report the following case: Fred J., age three years, accidentally swallowed three drams of oil of wintergreen. Medical aid was not summoned for some three hours, when Dr. Geo. A. Libby and the writer arrived about the same time

Examination: The child was in severe epigastic pain, head thrown back, slight opisthotonos, limbs twitching, pupils widely dilated, rapid pulse, slow and labored respiration, the skin hot and dry, marked thirst.

Treatment: The child's stomach was washed, tho this proved useless as the drug had been absorbed. The body temperature was maintained by external heat. The heart and respiration by atropine and strychnine. There was temporary improvement, but soon the pulse became weak and thready, stopping suddenly as in chloroform poisoning. A fatal result followed.

In a series of experiments performed by the writer on dogs the fatal dose of oil of wintergreen was found to be three drams for a dog two months old, weighing five pounds.

AN IMPORTANT STEP.

Just as we are going to press I learn that the negotiations which have been going on for a long time between the New York College of Pharmacy and Columbia University have been come to a happy conclusion, and, that the former is to become a part of the latter. This step will have an important influence on the elevation of pharmaceutical education in the State and is to be hailed with delight by all lovers of high standards. That this consolidation will exert an elevating influence of pharmacy as business we doubt. This depends on economic conditions, over which all colleges in the world are powerless. But, still, the results of the experiment will be watched with interest.

IS THE EDITOR A CANDIDATE?

Some of my "friends" have been kind enuf to spread the rumor that I intend to be a candidate at the next Board of Pharmacy election, and they are even afraid that I might win. It is hardly worth while to discuss the matter, but to settle all rumor at once, I will say that under no circumstances would I allow my name to be presented and under no circumstances would I serve if elected. Reasons?—1. I have much more important work to do. 2. I do not consider the position an honor; it may be an honor to some, but not to me. 3. My ambitions lie in an entirely different direction.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(Continuation.)

Creosal. See creosote tannate.

Creosin. A yellowish liquid claimed to contain creosote, iodine, calcium hypophosphite and Balsam of Peru, and to be devoid of any disagreeable taste. Recommended in tuberculosis.

Creosotal. See creosote Carbonate.

Creosote Carbonate. Creosotal. Prepared by the action of carbon dioxide on beech wood creosote. Contains 90 per cent. of creosote. Light brown rather thick liquid (depending upon the temperature), odorless and slightly bitter taste. Insoluble in water, soluble in oils (about 5 parts of Cod Liver Oil) and alcohol. Highly recommended as a substitute for creosote, being free from the irritating properties, and disagreeable taste and odor of the latter. It can also be given in much larger doses than creosote. Besides being used extensively as a substitute for creosote in tuberculosis, it has been recommended by many reputable physicians as an excellent remedy in pneumonia and typhoid fever and its value in those diseases cannot be doubted. Dose 5 to 15 min· gradually increased to as high as 60 min. 3 or 4 times a day. Dr. Richter (Berl. Klin. Wochensch. 1901) gives as high as a teaspoonfu per dose in typhoid fever.

Creosote Tannate. Creosal. Tannosal. Dark brown powder, very hygroscopic, soluble in water, alcohol and glycerin. Substitute for creosote; also as astringent in tubercular diarrhea. Dose 15 to 30 grs. several times a day. There is a solution of it on the market containing 15 grs. of creosote tannate in each teaspoonful.

Crurin. Quinoline-Bismuth-Sulphocyanate. Coarse reddish-yellow powder, somewhat sharp odor, insoluble in water, alcohol or ether. External antiseptic. Especially recommended in ulcers of the leg (hence the name and in syphilitic ulcerations. It contains 25 per cent. of starch. For gonorrheal injections, the Crurin, without starch, is used. (This is the preparation which recently made the rounds of the phar. and medical press under the name Aurin—just because a typographical error crept into one journal.)

Crystallose. A name given to the sodium salt of saccharin. Soluble saccharin. White crystalline powder, soluble in water. About 400 times sweeter than sugar.

Cuprargol. A combination of copper and albumen (similar to protargol.) Grayish green powder, soluble in 3 parts of water. Used in conjunctiv itis in 1 to 5 per cent. solutions; either dropped into the eye or applied with a piece of linen as a compress. Hardly anything is heard of it.

Cuprol. Nucleide of copper, contains 6 per cent. of the metal (see mercurol.) Green powder, readily soluble in warm water. Is not precipitated by alkalies.

Cypridol. A solution of 1% of mercuric iodide in "nascent state" in a neutral aseptic oil. A clear yellow fluid; in the market in the form of small round capsules. Also to be used hypodermically.

Cystamine. See Hexamethylene tetramine.

Cystogen. See Hexamethylene tetramine.

Cryogenin. Benzamido semi-carbazide. A very efficient antipyretic, according to French reports. Dose: 3 to 10 grains.

Derival. A mixture of spirit of mustard, spirit of ammonia and oil of turpentine. It is believed that thiosinamine forms on standing. Used as an embrocation in rheumatism.

Dermatol. See Bismuth Subgallate.

Dermol. See Bismuth Chrysophanate.

Dermogen. Zinc dioxide, ZnO_2. Faintly yellowish powder, odorless tasteless and insoluble in water. Used externally in wounds where it forms H_2O_2 (on the addition of a sol. of tartaric acid.)

Desichthol. Ichthyol deprived of its volatile oil (by the aid of steam), to which the odor of the ichthyol is due. It is questionable whether such ichthyol retains its therapeutic properties unimpaired.

Diabetin. Levulose. Fructose. Fruit sugar. Found naturally in fruits, together with glucose, and also produced together with the latter sub stance during the process of inversion of cane sugar (when the latter is boiled with acids.) Colorless, odorless, crystalline powder, having a sweet taste and readily soluble in water and alcohol. As its high sounding name indicates, it has been recommended as a substitute for cane sugar in diabetes.

Diaphtherin. Oxy-quin-aseptol. One of the quinolin compounds. Yellow crystals, sol. in water. Antiseptic and claimed nonpoisonous. Employed in ½ to 1% solution.

Diaphthol. Quin-aseptol. One of the quinolin compounds: oxy-quinolin sulphonic acid. Yellow crystals, slightly soluble in water. Antiseptic.

Diathesin. Synthetic saligenin. When salicin is decomposed, it splits up into saligenin and glucose. The dose of it is given as 5 to 15 grs.

Didymium Salicylate. Dymal. A white amorphous powder, recommended as a dusting powder in intertrigo, abraded surfaces, etc. It is quite cheap, being a by product in the manufacture of the incandescent mantles.

Dimethyl-xanthine. Synonym for theobromine. (Caffeine is trimethyl-xanthine.)

(*To be Continued.*)

DEPARTMENT OF

Materia Medica and Therapeutics.

This Department will form a prominent feature of the Critic & Guide. Queries of a pharmacologic and therapeutic character are invited and will be answered in this Department.

Hermophenyl.

This is a compound of French origin and is chemically mercuric phenol-disulphonate of sodium, containing about 40 per cent of mercury. It is a while amorphous powder, soluble in about 7 parts of water. While strongly antiseptic and bactericidal it produces no caustic effect on the skin or mucous membranes. There is also a soap on the market, containing 1 per cent of hermophenyl, which Dr. Bérard found to act as an excellent antiseptic. In ophthalmia neonatorum the drug is recommended in 3 per cent solution, and is claimed to be superior to silver nitrate.

Iodized Calcium.

Dr. H. S.—This is not a definite compound; it is not to be compounded with calcium iodide, CaI_2. It contains an excess of loosely combined iodine, which is readily liberated, and according to many personal reports, it does do excellent work in croup. I have not any personal experience with the drug, but I shall certainly give it a trial at the first opportunity.

Treatment of Bed-wetting.

Dr. John Zahorsky (Pediatrics) thus summarizes his method of treatment. 1. Two doses of a diuretic during the day, at 9 A.M. and 2 P.M. Usually he gives the alkaline citrate with spirit of nitrous ether, or caffein and diuretin, or sodium benzoate. 2. One dose of atropine at night. Instead of atropine, rhus aromatica or antipyrine may be prescribed. 3. Pedergasts method of douching the back. Generally speaking the theory of cerebral involvement in enuresis appears to be at present dominating and treatment directed to increase cerebral inhibition is therefore rational.

Ascites Cured by Potassium Iodide.

Dr. Jos. Pereira reports the very interesting case of a young man, 25 years old, who sought advice for marked ascites. From several peculiarities of the case the author inferred the existence of a gumma which pressed on some abdominal vein, possibly the portal, and thus produced ascites. Acting on this supposition, the patient was given potassium iodide 8 grs. three times daily. The drug acted as a powerful diuretic, and in few weeks the ascites had completely disappeared. The man is now perfectly well and is working hard. The author adds that in alcoholic cirrhosis of the liver with ascites the drug would have been of no value. (Lancet, Jan. 2, 1904.)

A Case of Corrosive Sublimate Poisoning.

Dr. S. F. Holloway reports the case of a man who sponged his body with a solution of corrosive sublimate, sixty grains in five ozs. hot water believing himself to be suffering from scabies.

A tingling sansation came on at once, soon becoming severely painful. The sponged parts were red and swollen. Morphine gr. ¼ and cocaine gr. ¼ were injected, and the body was sponged with flour-and-water and egg-albumen. The

whites of two eggs were also administered in tea. The patient had difficulty in swallowing, could hardly speak, later began to retch violently, and had a severe general clonic spasm. Brandy, m xx was given hypodermically twice and another dose (gr. ⅙) of morphine injected. Amyl nitrite and chloroform was continued for several hours, after which recovery set in. There was no salivation, no suppression of urine, and no diarrhea. The author mentions that his patient had been wounded in the late war and was suffering for seven months with hemiplegia. (Brit. Med. Journ., Nov. 7, 1903)

Exodin — A New Laxative.

Exodin, diacetylrufigallic-acid-tetramethyl-ester, is a yellow powder, odorless and tasteless, insoluble in water and with difficulty dissolved in alcohol.

Prof. Wilhelm Ebstein, of the University of Göttingen, has given the drug a thoro trial, and expresses himself as highly satisfied with the results. The average dose for adults is 15 grs.; for children 7½ grs. is sufficient. The drug appears in the market in the form of 7½ gr. tablets; for administration the tablets are crushed and mixed with water. The remedy usually acts in 8 to 12 hours. (Deut. Med. W., Jan. 1, '04.)

Collargol Ointment in Typhoid Fever.

Prof. Leonard Weber (Post-Graduate, Dec., 1903) ascribes the saving of three grave cases of typhoid sepsis to the use of Ung. Credé. Half-dram doses of the ointment were rubbed in thoroly over various parts of the body every three hours. He says: "Tho the usual stimulants and e citants were also made use of in those cases, I believe, nevertheless, that they were really saved by the antiseptic action of the Credé ointment.

Antisclerosin.

Antisclerosin is a mixture of various salts, namely: Sodium chloride, sodium sulphate, magnesium phosphate, sodium carbonate, sodium phosphate and calcium glycerophosphate. It is put up in tablet form, and the dose is 2-3 tablets three times a day. Recommended in arterio-sclerosis. One report only so far, and that not from a very high source.

Hopogan.

This preparation contains, according to the Lancet analysis, 14.6 per cent. of magnesium peroxide, equivalent to 4.17 per cent. of available oxygen. Recommended internally as an anti-fermentative.

Ektogan.

Ektogan contains 41.4 per cent. of zinc peroxide, equivalent to 7 per cent. of available oxygen. It is recommended as a good external antiseptic application.

Hemisine.

Burroughs-Wellcome tablet of of the active principle of the suprarenal gland.

Pautaubergen's Solution.

Each tablespoonful contains 1½ grs. of beechwood creosote and 8 grs. of hydrochloro-phosphate of lime.

Cerolin.

A mixture of fatty acids, obtained from yeast and claimed to possess laxative properties. Dose 1½ to 3 grs. three times daily. Said to produce easy movements, without any griping, etc.

Scabiol.

This is a red-brown, water-thin, odorless liquid, containing principally storax (20%), soap and alcohol. As the name indicates it is recommended in scabies.

Gonosan.

Gonosan is a solution of the resin of kava-kava in sandalwood oil. It appears on the market in capsules, of which 2 to 4 may be given several times daily. The latest report is by Dr. Edmund Saalfeld, who used the remedy in fifty-three cases of acute and twenty-two cases of chronic gonorrhea. On the whole the results were very favorable. (Therap. Mon., Dec., 1903).

The Causes of Heart Trouble.

The best resumé of the causes which contribute to the constantly increasing number of cases of heart disease is the one given by Prof. O. T. Osborne, of Yale, in his paper read before the American Therapeutic Society. The principal causes of this ever-increasing cardiac and arterial weakness are the high tension of our daily life, the nervous strain of some of our pastimes, as bicycling and automobiling in cities, and not the least cause is the constantly and recklessly increasing consumption of coal-tar products for pain, whether for the omnipresent headache, or for simple neuralgias. One hardly realizes this daily tension and its effect on our hearts unless we analyze it. We rise on time in the morning (whether by an alarm clock, by the call of a servant, or by habit), eat breakfast and read the paper on time, a clock in every room and a watch frequently in our hand. We then, on time, meet office and outside engagements, college appointments, consultations, always and constantly carefully predicting the amount of time that will be required, and timing the next engagement by this decision. We then carefully subdivide this time and note by our watches even how long we can discuss a subject. An appointment kept by the other party, even one minute late, makes us restless. During the day long flights of stairs are rushed up or elevators taken that go with a rush and stop with a plunge. If we drive, either horse or automobile, by the carelessness and haste of bicycilists or pedestrians, our hearts stop, jump, or receive the vasomotor contraction check from the sudden anxiety lest we do an injury. If we are in a car or vehicle managed by some one else, we often receive the same real or needless shocks to our nervous systems and hearts. If we are ailing we fight nature's signal to relax and still keep up the pace. If we are actually sick, unless we are seriously ill, we fight and wrestle with the disease, whatever it may be, instead of calmly giving up and allowing the disease to be temporary master of ceremonies. Nature is badly hampered by nervous restlessness, and the consequent impaired circulation. A calm mind and an even heart will allow nature to expel the disease if acute, and will mitigate or obstruct chronic disease until the last rampart is taken and the last gun fired.

Even the school children, and I might say the young children, see too much, do too much, are amsued too much, receive too much, compete in school too much, are taught too much, are awake too much for the welfare of their circulation and nervous systems.

Among other causes, the author mentions over-smoking in young men and over-indulgence in alcohol in young girls, for the ever increasing frequency of dysmenorrhea.

The passage of an Open Safety-pin Thru the Intestinal Canal.

Dr. Hunter H. Powell (Clev. Med. Journal) was called in haste to see a boy, aged 10, who had carelessly swallowed an open safety-pin. A careful examination failed to reveal the pin in either the pharynx or the esophagus; it had consequently entered the stomach. As the boy, however, felt no distress, he was ordered abundant food, chiefly potatoes, rice and bread. The doctor directed that he should be kept stuffed with these articles until the pin was recovered.

Five days later the boy's father came to the doctor's office with the pin. He said it had just been passed by his son without the slightest difficulty. The black enamel coating had been entirely eroded by the intestinal secretions.

This case is reported to illustrate the wonderful possibilities of the average small boys' intestinal canal, and to emphasize the importance in such cases of stuffing and the avoidance of cathartics.

Adrenalin in Ulcerating Carcinoma.

At the meeting of the Paris Academy of Medicine (Nov. 24-25), Dr. Mahus reported his results with adrenalin in carcinoma. In his experience, adrenalin painted on an ulcerating carcinoma, stops the hemorrhages, prevents their recurrence, diminshes the pain and the secretion and improves the general appearance of the tumor. A fatal termination can, of course, not be prevented, but the patient's sufferings are considerably mitigated. Injections directly into the tumor are positively injurious, and the author condemns them.

Local Anesthesia.

According to Dr. F. G. Connell (annals of surgery, Dec., 1903), the advantages of beta-cucaine as a local anesthetic, may be summarized as follows: (a) Non-toxicity, the fatal dose being between 0.4 and 0.5 per kilo. of body weight; there is practically no possibility of such a dose being injected in the course of an ordinary anesthesia. (b) It may be sterilized by heat without the loss of any of its properties. (c) It will not deteriorrate or decompose on keeping, and (d) it will not increase the tendency to hemorrhage to any marked degree; vasomotor paralysis and secondary hemorrhage occur less frequently than with cocaine. These points have been most instumental in making beta-cucaine as the local anesthetic of choice, and its use is being rapidly increased.

Marchant's Aperient Pills.

F. H. R.—Those pills consist of **podophyllin**, ½ gr.; extract **hyoscyamus**, 1-3 gr., soap q.s.

To Cure Night Emissions.

Dr. A. Campani (Gazz. d. Osped.) uses a simple and ingenious method. He advices a T bandage to be worn at night; two or three elastic rubber bands pass over the relaxed penis and act a restraint during erection. The uncomfortable feeling wakes the patient. Every case in the author's experience, treated by this appliance has been completely cured. [There are cases of nocturnal pollutions, however, which take place with practically no erection. In such cases the method will prove of but little value. Editor.]

Obstinate Chronic Diarrhea.

A. J. L., Buffalo. The data are not sufficient to give definite treatment.

I can only give some suggestions. Let the intestinal canal be cleared thoroly by small doses of $MgSO_4$. Then for two or three days give 5 gr. doses of Sodium Sulphocarbolate combined with 3 gr. doses of Zinc Sulphocarbolate. After the canal has been thoroly cleansed and "antiseptized," mild astringents are in order. The following is a good combination:

Bismuth subnitrate.....gr. xxx
Bismuth salicylate.....gr. x
Bismuth subgallate.....gr. v

For one powder. May be taken 3 or 4 times a day.

E. L. B. The principal ingredient of Salfene is acetanilid. Of course it is N. G., like the rest of them.

Petroleum and Petrolatum Emulsions.

1.—Petroleum.....2½ fl. ozs.
Powdered Acacia.....10 drs.
Mix thoroly, and add at once:
Distiled Water.....2 fl. ozs.
When thoroly emulsified, add:
Solution Saccharin N.F. 1 oz.
Essence Bitter Almond..160 min.
Distilled Water to make 10 fl. ozs.

For an emulsion of petrolatum with hypophosphites the following formulas appear to have given satisfaction:

1.—Liquid Petrolatum..... 1 pint
Powdered Acacia..... 8 ozs.
Glycerin..... 4 fl. ozs.
Sodium Hypophosphite....288 grs.
Calcium Hypophosphite...288 grs.
Water .....to make 3 pints

Add the acacia to the petrolatum, and mix well in a large mortar. Then add a pint of water all at once, and triturate briskly, until an emulsion is formed. Dissolve the hypophosphites in half a pint of water and add the glycerin; then add this mixture to the emulsion and triturate well, adding enuf water to make three pints.

2.—Liquid Petrolatum..... 4½ fl. oz
Expressed Oil Almond... 2 fl. ozs.
Powdered Acacia ..... 1½ ozs.
Glycerin..... 1½ fl. ozs.
Sodium Hypophosphite 128 grs.
Calcium Hypophosphite 128 grs.
Lime Water....to make 1 pint

Proceed as above. Flavoring may be added if desired.

Creme Du Liban—a Most Excellent Preparation.

A. B. N.—Creme du Liban, if properly prepared, forms an excellent application for the skin. It's formula is:

Olive oil, 35 Gms.; yellow wax, 5; spermaceti, 5; sweet almonds, peeled, 50; bismuth subnitrate, 20; talcum, 30; benzoic acid, 2; balsam of Peru, 10 drops; oil of rose, 5 drops; oil of neroli 5 drops.

Potio Riveri.

J. R. B.—Oh, I am so tired giving the formula for this preparation, but here goes for the last time:

Citric acid ..... 4 parts.
Sodium carbonate .. 9 parts.
Water .....190 parts.

A Case of Innocent Syphilis Acquired in a Most Peculiar Manner.

Dr. Melot recently reported the following case (Jour. Med. de Brux, Sept. 24, 1903):

A gentleman while walking was struck on the tip of the nose by the whirling whip of a cabman, which produced a slight scratch; a month later, a chancre developed on that spot. The cabman was found and proved to be suffering from mucous patches in the mouth; he admitted a habit of sucking the lash of his whip.

[Squib—a pithy Comment on men or things.—*Dictionary.*]

The Squibber

Pithy Comments on Things Pharmaceutical.

Ancient History.

February, 1904, and the printed volumes of the "Proceedings" of the twenty-fifth annual meeting of the New York State Pharmaceutical Association, held at Utica, June 16 to 19, are just now being received by the members. A slip accommodatingly inserted in the book by "The Printers" explains that it was the intention of the secretary of the State Association to have the proceedings ready about Oct. 1, but owing to complication this could not be done. Having thus let the Secretary down easily, the Printers slide out the back-door themselves by regretting that the delay was due to conditions over which they had no control,

Without any wish to criticize anybody, we suggest that the State Association appoint a committee to interview Secretary Whelpley, of the Missouri Pharmaceutical Association, on the subject of getting out Proceedings, and how he does it. As Secretary Whelpley takes a couple of weeks for the job, he may able to direct our New officials and printers how to do the trick in something less than eight months.

The Direful Possibilities Involved in the Return of a Prescription.

We feel impelled once more to call attention to the editorial utterances of an esteemed and ponderous contemporary of ours published down William Street way. This time our comment is called forth by a sort of serio-comic, common-sense-to-the-winds, 4-column effort, entitled "An Enduring Problem." The inspiration thereof was the recent decision of a New York magistrate ordering a druggist to return a prescription to the person who had had it filled.

Our contemporary, of course, takes issue with the magistrate on the ownership of the prescription. Its picturing of the direful possibilities involved in his decision is awfully impressive, when the lengthy argument is not uproariously humorous or too involved for common mortals to make head or tail of it.

We quote:

"If the judge has the right to serve (the druggist) in this way, he likewise has the right to compel ticket collectors of circuses, theatres, shows, concerts, steamship companies, railways and omnibuses to do the same thing."

Doesn't that open up a delightful prospect of innumerable omnibus rides for one fare, and circus and theatre shows on the same terms ?

We must refrain from spreading out here any of the deep legal lore which is brought to bear on the subject, only hinting at the brilliant effort to prove by "Chitty's Blackstone" that if the purchaser of the medicine casts the prescription into the sea or highway, its possession will be vested in the first fortunate finder.

On reading the following even the erring magistrate should have "the creeps:"

"Murder, abortion, burglary, rape and crimes of the most heinous character are facilitated by such a decision."

Then is elucidated with a Sherlock Holmes ingenuity the manner in which these things may be perpetrated:

"*How easy* for a murderer to substitute for some doctor's prescription one of his own when sent to the drug-store for medicine for a man on whose life he holds an insurance policy! *How easy* to do the same thing in cases a will has been written in his favor and *he needs the money* and is anxious to see the patient die!! *How easy* then to demand back from the druggist the original! *How easy* to substitute an emmenagogue prescription for a tonic prescription, forging a doctor's name and giving the latter medicine, instead of the former, to pregnant women! If the doctor is called in a hurry to see his patient again, *and wonders at the results*, there is no way he can fix responsibility on another. It apparently was his prescription that did the mischief, and that prescription was demanded back from the druggist as a legal right. When the intending murderer and the intending abortionist get back from the druggist the orignals, they

can destroy the evidence of their part in the crime and leave the law to decide, as between the druggist and the doctor, which is the guilty one!!!

You see, don't you, dazed reader, that not a particle of suspicion would be attached to the beneficiary of the will or the other fellow? If you were on the jury, the guilt would be "as between the druggist and the doctor," wouldn't it?

But the plot thickens:

"Should the druggist retain a copy, *that* could not be used as evidence, for it would not contain the incriminating chiography of the conniver at or the author of the crime. *Even the name would probably be a fabrication* and not even the paper would be left as a clue."

Reader, are you not awed by this wonderful display of intimate knowledge with the law, criminology, and dime-novels? Whose name would be fabricated? you ask. Why, the doctor's, of course. What's that! You ask what the devil those chumps wanted to go to the doctor for, if after all, they fabricated his name and wrote another prescription for the druggist. O, you want to know too much. You jar me. Ask that in the editorial sanctum of our substantial-looking contemporary in William Street.

We close content to remark that the case before the New York magistrate was closed by the druggist's handing the plaintiff a *copy* of the prescription, which seemed to satisfy all hands. Have you ever read the great dramatist's "A 4-column hullabaloo about Nothing," or something to that effect?

An Exceedingly Busy Physician.

The following extract from a letter written by the celebrated Jewish savant-physician, Maimonides, (1135–1204) will give an idea of the enormous amount of work performed by that great man in the exercise of professional duties. We know that there is not a trace of exaggeration in his words, for his modesty and his morals were as great as his professional attainments. He writes to a friend:

My duties to the Sultan are very heavy. I am obliged to visit him every day early in the morning: and when he, any of his children, or any of the inmates of his harem are indisposed, I dare not quit the city (Cairo), but must stay during the greater part of the day in the palace. It also frequently happens that one or two of the officers fall sick and I must attend to their healing. Hence, as a rule, I repair to Cairo very early in the day, and even if nothing unusual happens I do not return into my residence until the afternoon. Then I am almost dying with hunger: I find the antechamber filled with people, judges, and bailiffs, a mixed multitude who await the time of my return. I dismount from my animal, wash my hands, go forth to my patients and entreat them to bear with me until I partake of some slight refreshment, the only meal I take in the twenty-four hours. Then I go forth to attend my patients with prescriptions and directions for their numerous ailments. Patients go in and out till nightfall, and sometimes even, I solemnly assure you, until two or more hours in the night. I prescribe for them and converse with them while lying down from sheer fatigue and when night falls I am so exhausted I can scarcely speak."

* * *

A pupil in a village school, who had been requested to write an essay on the human body, handed in the following: "The human body consists of the head, thorax, abdomen and legs. The head contains the brains in case there are any. The thorax contains the heart and lungs, also the liver and lights. The abdomen contains the bowels, of which there are five—a, e, i, o, u, and sometimes w and y. The legs extend from the abdomen to the floor, and have hinges at the top and middle to enable a fellow to sit when standing or to stand when sitting."

Let every subscriber glance thru the 12 numbers of the CRITIC AND GUIDE, and if he does not think that they were actually worth a good deal more than the subscription price, then *please* let him *not* subscribe for next year.

* * *

We have not padded the CRITIC AND GUIDE with useless and dull reports from various pharmaceutical societies (which hardly anybody ever reads). No, every page of the CRITIC AND GUIDE contains something of real permanent interest.

* * *

Subscribe to the CRITIC & GUIDE. It is great now. It will be much greater—and also bigger—in 1904.

Letters, Queries and Answers.

[Were I to print all the complimentary things, a l the good wishes, all the encouraging words that the readers of the CRITIC & GUIDE gave expression to while sending in or renewing their subscriptions, this number and several numbers to come would contain nothing else I feel deeply touched and sincerely grateful. I wish I could answer every subscriber personally, but as this is a physical impossibility, I must satisfy myself with once more expressing to you all my sincere thanks.

The 3 dollar-subscriptions were particularly gratifying, not because of the 3 dollars, but because of the confidence and the faith of our readers which they demonstrated.—I print just a few abstracts.]

A Most Highly Appreciated Compliment.

I confess that you have made a bigger success of the CRITIC & GUIDE than I ever thought possible. You must have more talent and grit than I ever gave you credit for. I read the last few issues and enjoy them. Shall read your journal regularly in the future, and should appreciate being put on your complimentary list. Mrs. W. J. Robinson

[The mild compliment implied in the above lines is highly appreciated. It is the hardest thing in the world to make your wife read your writings. Mark Twain tells us that his only trouble in this life is that his wife won't read his stories and won't laugh at his jokes. And so Mrs. R. cruelly refused to read the first issues of my poor journal. After having glanced thru a few copies, she changed her mind, however, and now promises to read it side by side with Harper's, Scribner's, McClure's, The Philistine, The Papyrus, The Ladies—no, she doesn't read the Ladies Home Journal—, The Literary Digest, etc.]

A Voice from Across the Sea.

Leipzig, Germany. Jan. 11, '04.

Dear Dr. Robinson:—I hasten to renew my subscription to the CRITIC & GUIDE. It always affords me an exquisite pleasure to read your excellent journal, and its coming seems to me like the visit of some good friend. I admire the highly spirited style in which every article is written, but above all the fearless way you express your opinion and attack the evils of New York drug trade and the bad conditions of drug business in general. We have plenty of French and German pharmaceutical journals in the store, but none is read with such interest as yours which—besides—is improving with every number. Wishing you further success, I beg to remain, Yours very respectfully,
Mohren-Apotheke. Arnold Lewisohn.

Ten.

Dear Doctor: — Enclosed please find check for ten dollars ($10.00) in payment for one life subscription to the CRITIC & GUIDE. I am greatly pleased with your efforts and *achievements*. Wishing you the success you deserve, A. C Werner,
2592 Atlantic Ave., B'klyn.

Dear Dr. Robinson:—Enclosed is my subscription. Your journal is splendid value. It has been an inspiration and guide to me thruout the entire year.
Spencer, N. Y. Charles H. Emmons.

My Dear Doctor: I am in complete sympathy with the spirit and purpose of the CRITIC & GUIDE, and I wish you no end of success. Fraternally,
W. C. Cooper,
Editor Medical Gleaner.

Editor CRITIC & GUIDE:—Any man who dares to expose the frauds and humbugs, as you have done, deserves the thanks (and more than that) of the entire country. R. D. Rider,
101 Buena Vista Ave., Yonkers.

Dear Doctor: — Enclosed please find $3 for 4 year's subscription to the CRITIC & GUIDE. Wishing you continued success, Yours very truly, Jno. M. A. Laue, Pres.
Ore. State Bd. of Phmcy, Portland, Ore.

Dear Doctor Robinson: — Your spicy clever journal has given me a great deal of pleasure during the past year. I was one of your first subscribers and have that much confidence in the success of your journal that I gladly subscribe for the next four years. Fraternally,
H. Schmidt, Phar. D.
501 Elizabeth Ave., Elizabeth, N. J.

Dear Doctor Robinson: — Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC & GUIDE.
879 Park Ave. Geo. Kleinau,

Dear Doctor Robinson: — Enclosed please find $3.00 for four years' subscription to the CRITIC & GUIDE.

Franz Dahl,
14—2nd St., Troy, N. Y.

Dear Doctor: — Enclosed please find $3.00 for four years' subscription to the CRITIC & GUIDE. The journal promises a great future. G. Bjorkman, M. D.,
Racine, Wis.

Editor CRITIC & GUIDE: — Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC & GUIDE.
Malborough Hall, 1322 B'way.

Editor CRITIC & GUIDE: — Enclosed please find check for $4.00 for 5 years' subscription to the CRITIC & GUIDE.
42 Amsterdam Ave. Ernest Schaefer,

Dear Sir:—Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC & GUIDE. M. Rosenthal, M. D.
120 East 80th St.

Dear Sir:—Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC & GUIDE. John Eckert,
167 Ferry St., Newark, N. J.

Editor CRITIC & GUIDE: — Enclosed please find check for $3.00 for 4 years' subscription to the CRITIC & GUIDE.
996 Tremont Ave. C. H. Ludewig,

There being no longer any question as to the stability of the CRITIC & GUIDE, I hand you herewith 3 dollars, for a 4 years' subscription. J. M. Halper,
1297 Amsterdam Ave.

Dear Dr. Robinson:—Enclosed please find check for which you will enroll me for another year amongst the many who appreciate the CRITIC & GUIDE. It is two months since I left New York for this God-forsaken place, a village of about 800 inhabitants. Practice is fair and tho I cannot get the social or other pleasures attainable in the city, I am not sorry for being here. Hoping that your Paper is receiving the financial support it merits, I beg to remain, Sincerely yours,
Florida, N.Y. A. D. Davidow, M.D.

Enclosed please find my subscription. I find the CRITIC & GUIDE the best journal I ever came across. V. O. Saphro,
2042 7th Ave., City.

Dear Dr. Robinson:—Enclosed find check for this year's subscription, which is a pleasure for me to send you. I subscribe for a number of journals, but none of them interest me as much as the CRITIC & GUIDE does. I admire your courage and also the good work you are doing. May you prosper in all your future undertakings as you have in the past.
Yours truly, Geo. A. Grunbok,
4 Bremen St., B'klyn.

Dear Doctor:—Enclosed find renewal subscription. I think every druggist should have the CRITIC & GUIDE in his store. It contains a lot of information for the practical druggist, and does not contain a lot of trash as many other journals do. Hoping that you will meet with the success you always do,
A. Allison, 1477 Webster Ave.

Dear Doctor:—Enclosed please find my renewal subscription. I want to get every number. I do not miss any other journal as much as I do the CRITIC & GUIDE. With best wishes,
Oscar L. Meyer,
1433 Flatbush Ave., Bklyn.

Dear Doctor:—I am very pleased with the sample copies of CRITIC & GUIDE. Enclosed find $1.00 for one year's subscription. Wishing you success in editing such a wide-awake journal, I am,
Very truly yours,
Emerson R. Miller, Prof. of Pharmacy,
Alabama Polytechnic Insistitute.

I enclose $3.00 for which please send me the CRITIC & GUIDE for 4 years.
Faithfully yours, Thomas Starr, Ph., G.
No. 317 Ninth Ave.

New Haven, Conn., Jan. 27, 04.
Dear Dr. Robinson:—You are doing fine work on that little journal of yours. Keep an hammering at it.
Yours sincerely,
Oliver T. Osborn, M. D.
[Prof. Materia Medica and Therapeutics, Yale University.]

Sidney Faber.

Dear Dr. Robinson:—As an attentive reader of your CRITIC & GUIDE, I thought it not amiss if I send you the following little news about our friend Sidney Faber. To-day in our New York Consolidated Drug Co., of which I am a member, we had an election of officers. Sidney Faber had the audacity to have his name proposed on the list of directors, probably more as a feeler as to his popularity. Well, he came out without any trouble the *lowest* of nine (9) proposed candidates. Is was worth while to see the supercilious curl on his upper lip when the result was announced: every proposed member had to express first his willingness to serve in case he was elected. With best wishes for yourself and your journal, I remain, Respectfully yours,

Julius Goetze, 1106 3rd Ave.

Dear Doctor: — It is with a great dea of pleasure that I renew my subscription to the CRITIC & GUIDE. If there were more such journals, some of the evils that exist in the pharmaceutical profession would be eliminated.

Wm. S. Settle,
895 Gates Ave., B'klyn.

Dear Dr. Robinson: — Enclosed find $1.00 for anotner year's subscription to the CRITIC & GUIDE. Wishing you lots of success for your excellent journal, which it so well deserves. Sincerely,

4273—3rd Ave. F. M. Sames,

Dear Dr. Robinson:—Thru the kindness of my neighbor and friend, our assistant post-master, I have read the CRITIC & GUIDE for 1903. To my way of thinking, it is the best in the market. Enclosed please find my subscription for 1904.

Henry T. Little, 63 East 8th St.,
Peckham, Little & Co.

Dear Doctor: Enclosed find my subscription. The CRITIC & GUIDE not only takes the rust off, but actually polishes the pharmacist's brain. Wishing you unlimited success, Sincerely yours,

B. Broder, Ph. G.
157 Clinton St.

It affords me sincere pleasure to renew my subscription for 4 years, for which I enclose check for $3.00. It is a great and important journal.

With wishes for prosperity,
23 Ave. D. S. Rosenthal.

Pharmaceutical Politics.

Editor CRITIC & GUIDE:—What a dirty thing politics is. Here the Drug Clerks' Circle nominates a candidate for a member of the Board of Pharmacy, not because they have the slightest hope of ever electing him, but just to hurt the candidate of the Retail Druggists Association, thus assuring the election of Charlie Erb. Oh, politics, politics! The CRITIC & GUIDE is the only relief from the sordidness of life. Respectfully,

A. Weinstein.

Ten.

It affords me great pleasure to enclose ten dollars for a life subsciption to that excellent CRITIC & GUIDE. I sent some copies to my brother in Berlin, and he considers the journal a gem.

With highest respect,
50 Delancy St. Julius Anghel.

Please send me the missing number, as I wish to have my file complete for binding. I have been taking pharmaceutical journals since 1879, but never considered any worth saving. The CRITIC & GUIDE is the only journal I consider worth while binding and keeping.

236 Hull St. B'klyn. P. F. Shnurer.

Please send the CRITIC & GUIDE along. Have become greatly attached to it and could not and would not do without it.

F. Bruguier, Hambnrg.
Place, Newark, N. J.

Dear Dr. Robinson:—Enclosed please find check for subscription to CRITIC & GUIDE for 1904. I am already a subscriber for one of my stores, but also wish to have it in 50 Bushwick Ave. for the benefit of my help. I know it is worth it. Yours respectfully,

F. A. Kattmann, Brooklyn.

Dear Doctor:—It is with great pleasure that I enclose check for CRITIC & GUIDE for 1904. It is a valuable journal and you certainly deserve great credit.

S. W. Wexler, 1637 First Ave.

Dear Doctor: — Please find enclosed check for my subscription to your brilliant C. & G. for this year. Yours truly,

F. Gizzi, 168 Bleecker St.

TO THE MEMORY OF

MRS. IDA HALPER

A good woman who nobly and quietly did her duty.

Died February 18, 1904.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what the wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he consider to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. III. MARCH 1904. No. 3.

DUFFY'S MALT WHISKY AND THE MEDICAL PRESS.

Let us bow our heads in shame and humiliation. Duffy's Malt Whiskey, advertised to the laity in all the dailies as an infallible prophylactic against, and cure for, all curable and incurable diseases, and as the greatest remedy in the world for the prolongation of life—which statement is testified to by the pictures and endorsements of octogenarians, nonogenarians and centenarians—is now disgracing the advertising pages of many of our "high-class" medical journals. Duffy's Malt Whiskey and the *Medical Record!* Have we any right now to attack the lay press for admitting fakes and nostrums? Will not the lay press have the right to turn around and say: Physician, heal thyself!? And what are we coming to? If Duffy's Malt Whiskey is all right, then why not Father John's medicine, Hostetter's stomach bitters, Hood's sarsaparilla, Chichester's pennyroyal pills, etc., etc., and, last but not least, the great catarrh humbug, Pe-ru-na? Yes, we are certainly progressing—backwards; in some respects, anyway.

Is there anyone yet doubting the *raison d'être* of the CRITIC AND GUIDE?

OVOFERRIN.

At last we were to be treated to a new departure. At last we were to have a strictly ethical preparation, with no exaggerated claims, with no false pretensions, with all the statements based strictly on facts. Alas! It was not to be. The manufacturers of ovoferrin have made certain statements which need further investigation. I may be mistaken, and if so, I hope the manufacturers will put me right.

1. The manufacturers state that ovoferrin is *neutral in reaction*. I would ask my readers to test it with litmus paper or with phenolphthalein. I find it *distinctly acid*, and I think I am able to test for a reaction.

2. The percentage of iron in ovoferrin is rather a mooted point, which I should like to get some light on.

The manufacturers say: "Each tablespoonful of ovoferrin is equivalent to one grain of elementary iron." Well and good. But Dr. Coblentz says: "I find eight per cent. of iron (*calculated as metallic iron*) present in the state of organic combination." This of course leads one to believe that the preparation contains eight per cent. of metallic iron, which would be equivalent to at least 19.2 grains per tablespoonful. There is a great difference between 19.2 and 1. But let us assume that Dr. Coblentz really meant to say that the preparation contained eight per cent. of the organic combination. The formula given by the manufacturers is $C_{47}N_{17}SH_5Fe_3O_{22}$. The percentage of elementary iron contained in this "definite" chemical must therefore be $\frac{448}{1638}$ or $27.3 + \%$. Eight per cent. of this is 2.184, which would give us at least 5.2416 grains of *elementary or metallic iron to the tablespoonful*. The manufacturers themselves claim that their preparation contains only one grain of elementary iron to the tablespoonful. How to explain this discrepancy? Dr. Coblentz is a careful analyst. Is it possible that the manufacturers themselves do not know the true percentage composition of their preparation? This is not very likely. So how to explain the discrepancy? I shall await the explanation with impatience.

3. The manufacturers state that ovoferrin is absolutely unchanged by hydrochloric acid. This statement, I regret to say, is contrary to the facts, and I am at a loss to understand how intelligent manufacturers could make such a statement. That it is very decidedly changed by hydrochloric acid will be seen from the following simple experiment: On adding potassium ferro-

cyanide to ovoferrin no change is noticed. But if we add hydrochloric acid to ovoferrin, and then add potassium ferrocyanide, we get a very decided reaction; namely, we get the well-known color and precipitate of Prussian blue, which proves *conclusively* that hydrochloric acid *does* decompose ovoferrin, changing it into inorganic iron. The further statement: "hence it is free from local action on the gastric mucous membrane," is therefore also untrue.

4. The manufacturers state that their preparation has attracted much attention in scientific circles in Europe. I may be pardoned if I doubt the correctness of the statement. If it had attracted attention, the attention was not sufficiently strong to bring it into the medical press. Disregarding false modesty, I will state that I am probably as familiar with foreign medical literature as any one man can be. I go thru every medical journal of any importance in six different languages. My memory is also pretty good—and still I cannot recollect having seen any article in the foreign literature on ovoferrin. Of course, there is a possibility of an oversight. If this is the case, will the manufacturers kindly send me the foreign bibliography on ovoferrin?

5. One word about the American literature on ovoferrin. I shall not say that it has *all* been made to order, but I would ask our readers to compare Prof. Shoemaker's article with the advertising matter sent out by the manufacturers. If ever there appeared a "write-up," this is one—or I have lost my ability to recognise and diagnose "write-ups" when I see them. Even the phraseology is strikingly alike in some places. Is it merely a coincidence?

The manufacturers of ovoferrin will greatly oblige the medical profession by shedding some light on the obscure points which I have touched upon in this editorial.

P. S. I do not impugn the therapeutic efficacy of the preparation. My experience with it has not been sufficient to entitle me to pronounce an opinion *pro* and *con*. But one thing I can state positively: the ravenous appetite which is claimed to follow the administration of ovoferrin has failed to put in an appearance even in a single case in my practice. I have administered it to a number of anemic children. suffering with anorexia; an increase in appetite would have been very welcome indeed, but the children's parents and myself looked for it in vain.

PUTRID JOURNALISM.

I was recently asked by a Boston publisher to "exchange." Not knowing the character of the publication—or rather publications, for there are six of them by the same publisher—I accepted.

But as soon as samples of the publications reached my office, I wrote a rather sharp letter, forbidding the publisher to send me his publications. Such horrible filth—principally in the advertising pages—I had never seen. To do full justice to those "journals," I am obliged to reproduce what our good friend Dr. Gould had to say on the subject. Here is what Dr. Gould says:

"Scoundrelism in the advertising business is, of course, an old fact, but the variations of the tune are new, and should not go unperceived. We are too prone to think of all patent-medicine quackery as equally bad, but if we remember correctly, Dante made many more grades and degrees among the gentlemen and ladies of the Inferno than of the Paradiso. Now there are in truth a hundred degrees of diabolism and filth between the best and the worst quack advertisers. One new circle of the lowest infernalism has lately come to notice. It is hard to name or describe. It might be called *The Wallow, By Many Names, The Foulness, alias The Devil's Own,* etc. No name would accurately describe it. It is really, we suspect, a cheap and villainous attempt to get a triple profit by cheating the scamp advertiser himself, by means of pretended circulated papers under a number of different names. Three copies of apparently different 'Woman's,' or 'Home,' or 'Family' journals, lie before us. They have entirely different titles, and different addresses are given in each of publishers and editors. But the moment one glances at the three together it becomes plain that they are all from the same fonts of type, from the same run of the same paper mill; they exploit the same loathsome and obscene articles, nostrums, books, and frauds, by the same manufacturers, in the same ways, etc. The pages are the same size, the paper used is the worst that could be bought, the very arrangement of the little advertisements is the same, etc. It is patent insides and patent outsides, patent nostrums, and yet all is secrecy and all hypocrisy. On every page, engulfed in a cesspool of horrid advertisements, runs a little column or two of what the vibralogist journalist calls 'Original Selections,' some claptrap stuff pretending to be for the benefit of 'children,' 'ladies,' 'the household,' 'the family circle,' 'the gentlewoman.' We doubt if the polluting things have much circulation—as even the most degraded man would hardly allow his wife and children to look at such frightful putridity. The stupid cunning of the would-be advertisers is probably overmatched, and they are cheated to the top of their need. But Mr. Comstock* and General Madden should get after the sharper who has devised the scheme. All those things are "entered as second-class matter."

[No, not Mr. Comstock. He is a bungler and ignoramus.]

TOLERANCE TOWARD CHRISTIAN SCIENCE, ABSENT TREATMENT, AND OTHER CRAZES.

If we were asked to name what was, in our opinion, the most precious inheritance left by the Nineteenth Century to its successor, the Twentieth, we would unhesitatingly answer: Tolerance. The great discoveries and inventions of the Nineteenth Century—the steam-engine, the steamboat, the railroad, the telegraph, the telephone, electric light, etc.—have revolutionized the means of production and transportation, and have contributed in a most remarkable manner toward the intellectual development and the material comfort of the human race. But the agency that will contribute more than anything else toward the arrival of the true millennium—by which we mean the era of peaceful and orderly development, when all useless and unnecessary strife will be a half-forgotten memory—is Tolerance.

Those who have not made a study of the history of the Nineteenth Century from that view-point can hardly realize the tremendous difference in this respect between a hundred or even fifty years ago and now. Then, those who held any opinions at all, "held" them in the literal sense of the word, one might say. They would not let go of them on any account, and so absolutely sure were they of being in the right, that they would brook no contradiction, listen to no argument. It was: "Believe as I do or be damned." This was the case in religion, politics, economics, philosophy, medicine, etc. An antagonist was either a fool or a knave; he could not possibly be anything else; otherwise, how could he differ from us? And this was true not only of the mass of people, of the rabble, but of the thinkers and leaders as well. Exceptions were extremely rare.

What a marvelous change has taken place since! The cocksureness has given way to a kind of uncertainty, hesitation. The questions: "Am I right?" "Am I sure that the thing is so?" flit only too often across the mind of the thinker of the present day, and the thought of the possibility of the other fellow's being in the right and our being in the wrong, prevents us from becoming too arrogantly dogmatic, or too ready to condemn new theories, new ideas which happen to conflict with ours. We repeat what we said at the outset: we consider this one of the most precious possessions of mankind.

But this attitude of mind is a comparatively recent acquisition. It is a reaction against the bigotry and intolerance of former days and, as we pointed out in another editorial, all reactions are apt to run to absurd or dangerous extremes. That's just what has happened to our Tolerance. There is at present a large class of people who are so tolerant as to be utterly intolerable. Those good people will not condemn anything, they will not criticize anything, for fear that the criticized object may after all be in the right, and they in the wrong. No matter how stupid or ab-

surd an idea may be; no matter if a movement may bear the stamp of fraud and quackery on the very face of it, they will not venture any criticism. With a sweet and saintly smile, they will say: "Oh! but we must not say anything against it! We have no right. Tho the thing looks false, still, perhaps it is true." Bear in mind, they don't say: "We must not condemn before investigating." That would be commendable. But they simply refuse to pronounce any judgment, for fear they may be wrong and do somebody an injustice. We wonder whether these tolerancers know what such an attitude amounts to? In our opinion, it amounts simply to this: *That it is absolutely useless to think on any subject whatsoever.* What is the use thinking at all, if we can never know with certainty that we are right, and if the latest conclusions reached by us may just be the wrong ones? NO, this is not what tolerance means, and this is not what the great thinkers and emancipators meant when they fought against bigotry and taught us to assume a tolerant attitude toward other people's views. Tolerance means an absence of bias, a readiness and willingness to investigate new ideas, a mind free to change and discard old opinions and open to receive new ones. That's all that tolerance means. But if, after a careful and unbiased investigation, our reason—the only instrument of judgment that we possess—tells us that a certain movement is sheer fraud and humbug; that the ideas it represents are so absurd as to border on insanity; if we find that its leaders mislead, befog, and endanger the lives of the people—then not to criticize and not to expose is clearly to fail in our duty and become guilty of the most culpable negligence.

When a thoro study of the literature, addresses, actions, and doings of the Christian Scientists *convinces* us that their so-called system is a mixture of fraud, stupidity, and insane delusions; when the chief priestess of the cult—who, while preaching her doctrines, has not forgotten to become enormously rich—tells us, for instance, that she *instantly* cured a cancer which had eaten into the flesh to a degree that "the jugular vein stood out like a cord"; when the literature is found to consist of the most imbecile gibberish, absolutely unintelligible to a rational being; when the reports of their cures prove on examination to be either pure inventions or gross exaggerations (except in cases of functional neuroses); when, in addition to all that, we see that all their healers, from the highest to the lowest, are furiously bent upon making money, and will not distribute any of their comfort or preach any of their truth without consideration; when we learn that the chief absent-treatment-fakiress—down in Florida, against whom the Post-Office officials recently issued a fraud order—obtains $200 from a man in New York, under a promise to make his shortened leg two inches longer by *thinking* of it; when osteopathy, which is nothing but a perfected massage, impudently makes claims as a complete system of medicine, capable of curing

the most diverse diseases by external manipulation; when an osteopath claims, for instance, that he can "reduce" typhoid fever (as if it were a dislocation), by pressing upon the seventh cervical vertebra; when we see these mostly illiterate bonesetters knocking at the doors of various legislatures to be admitted to the practice of medicine without proper educational requirements; when we see that the followers of these cults endanger not only their own lives but also the lives of the community by refusing to take any precautions in the infectious diseases; when, what is still worse, innocent little children are allowed to die in agony without any attempt at relief—a child that sustained an extensive burn, and another one that had diphtheria in a most virulent form, were recently prevented from getting medical aid by their Christian Scientist parents, until death freed them from their terrible sufferings—we say, when we see such facts of similar or worse character, then it becomes our duty to assume an unequivocal attitude. We must expose the humbugs and fight the knaves whenever and wherever we can. This must be the attitude of the medical press, of the medical societies as a whole, and of every right-minded physician, as an individual and a citizen. W. J. R.

THE DISGRACEFUL CONDITION OF PHARMACY IN N.Y. STATE.

Once more I am obliged to take up the pen for the purpose of calling attention to the disgraceful condition of pharmaceutical education in this State. What I predicted a year ago (see New York *Times,* March 8, 1903, also CRITIC AND GUIDE, May, 1903, pp. 149-150) about the "Colleges" has come true. I said among other things: Of course the "colleges" of pharmacy will fight tooth and nail any effort to be brought under the Regents' control, because a preliminary examination would cut off a great part of their students and of their revenue. But I believe that intelligent public opinion may compel the colleges to yield gracefully. If not, the Legislature should be asked to interfere.

And what do we witness now? A bill was sneakingly introduced into the Legislature (I say "sneakingly," because the general agreement was to submit the bill to every society in New York for suggestions, *which has not been done*) making graduation from a school of pharmacy obligatory, but nothing is mentioned about preliminary requirements for entrance into a school of pharmacy. Of course the college members claim that when the bill becomes law, they will themselves demand Regents' counts, but those who are acquainted with the "business managers" of our colleges of pharmacy know how much reliance can be placed on such promises. Let this law pass, and the gates for ignorance and illiteracy to enter will be opened wider than ever—unless the Regents themselves take a hand in the matter, which we fervently hope they will.

What attitude should the pharmacists assume toward that bill? As they have been duped in the manner of the drafting of the bill and of its introduction, they are justified in assuming an unqualifiedly oppositional attitude towards it. The bill should be killed. Either School of Pharmacy graduation *plus* Regents counts or—leave things in *statu quo.*

And how about the Board of Pharmacy members? Are we never to be free from the disgrace of having school instructors and State examiners represented in the same persons? Are we forever going to continue the *opportunities* of giving tips and drug samples to the college students before each Board examination? Is the Empire State of the Union forever going to have the worst system of pharmaceutical education?—Druggists of New York, are you forever going to permit a few unscrupulous pharmaceutical politicians to order you about, to lead you by the nose and to pass laws which are of direct injury to you and to the community at large? Wake up, pharmaceutical Rip Van Winkles, wake up *now!*

* * *

It seems that the joy at the consolidation of the New York College of Pharmacy with Columbia University was premature. The whole thing seems to be a deplorable farce. It is announced that no entrance examinations will be required for those studying for the degree Ph. G. Where do the higher standards and the elevation of pharmacy come in, then? What was the whole fuss about?

WHAT THE CRITIC AND GUIDE HAS ACCOMPLISHED.

The readers of the CRITIC AND GUIDE will remember that some months ago, in the July issue, we protested against the method of collecting samples by the Board of Pharmacy. The detective would take the sample and bring it to the Board's chemist, and there would be no guarantee that the detective would not dilute the sample, mix it with inferior ingredients, etc. "It is to the detective's personal interest to make as many cases as possible," I wrote. "Now what guarantee have we that the detective, on leaving the drug store, may not add a dram or two of alcohol, for instance, to the tincture of iodine, or a little water to the soap liniment?" Very soon after this editorial, the matter was discussed by the Board of Pharmacy; a radical change was made, *and the suggestion made by me in that same editorial was adopted, to the letter.* I wrote: "When the spy purchases a sample of some drug or galenical, let him at once seal it with an official seal, and let him also leave a sealed sample of the same preparation, taken from the same bottle, with the druggist." *This is exactly what is being done now.* And the CRITIC AND GUIDE did it. At least, one source of blackmail done away with.

WATER IN POISONING WITH SULPHURIC ACID.

In a former editorial I discussed the uncertainty and chaotic condition of the so-called science of toxicology. Here is another illustration. For years it has been inculcated into the minds of pharmaceutical and medical students, that water must be avoided in poisoning with sulphuric acid, the reason given being that on adding water to the acid, the temperature becomes greatly elevated. But now comes Prof. Long, of the University of Buffalo, (*Med. News,* June 27, 1903) and says: Give water in poisoning with sulphuric acid. He has found that upon mixing 10 c.c. of sulphuric acid with 100 c.c. of water (at 70° F.) the temperature rose only to 111° F. (surely not a very high degree), and in using twice the quantity of water, the temperature of the mixture rose only to 94° F. "The precaution to be observed is this: Use an abundance of water, and the objection is removed."

A WORD WITH OUR READERS.

Dear Friend: Kindly "go thru" this number of the CRITIC AND GUIDE. See whether it does not possess any features which render it different from, and perhaps superior to, most of the monthly medical journals. It is not large, but, then, bear in mind that it contains no padding of any kind. We believe that every article, original or abstracted, is of distinct value and interest. And not of ephemeral, but of permanent value (all our readers are binding their CRITIC AND GUIDE.) While not ponderous and heavy, the articles are nevertheless correct and authoritative. And what is more—they are thoroly practical, deal with subjects of every-day interest, and will *help* you in your daily practice. Then remember further, that the CRITIC AND GUIDE is the only journal of its kind published. It is fearless; it is absolutely independent; it says things that no other journal dares or cares to publish; it bravely exposes all frauds and humbugs; it admits no advertisements of preparations, the composition of which is not known, and—withal, it is interesting from cover to cover. We want a large audience, and we are anxious to have you become a subscriber. The subscription is only one dollar a year. Start with January. We will send you back copies. Please do it *now.* A subscription blank will be found in the advertising pages. . . .

The above is addressed to the non-subscriber. And you, Mr. Subscriber, should renew your subscription at once, if you have not done so already, and, more important still, you should get us some more subscribers.

Dear Editor: If you receive this copy of the CRITIC & GUIDE, will you please take it as a sign that we should be glad to exchange with you? The CRITIC & GUIDE wants to have every worthy Journal on its exchange list.

[Written for the CRITIC & GUIDE.]

WHAT CAN WE ACCOMPLISH IN CASES OF LARYNGEAL TUBERCULOSIS.

By W. Freudenthal, M. D., New York.

Honorary President Section of Laryngology XIV International Medical Congress held at Madrid, Visiting Laryngologist St. Mark's Hospital, Consulting Laryngologist Montefiore Home and Bedford Sanitarium for Consumptives, Ex-President German Medical Society, etc., etc.

Before I go into details regarding the treatment of these cases, permit me to make a few remarks on questions indirectly pertaining to our subject. One of them is laryngeal tuberculosis and pregnancy. In all my experience I have never seen a woman with laryngeal tuberculosis (which, of course, was, as a rule, combined with pulmonary tuberculosis) live more than from two to six weeks after she gave birth to a child. I invariably make an absolutely bad prognosis in such cases, and consider this question settled. The subject was taken up lately by A. Kuttner, Godettesen, A. Lewy, of Frankfort a/O., and others. They all seem to agree regarding the prognosis. There is only one thing for the physician to do, if he wants to save the life of the mother, viz., to deliver her as early as possible of the child. I cannot emphasize this point strong enough, as I have experienced objections not only from the laity, but from the profession as well.

I believe I was the first to draw attention to the fact that there is a stage foregoing the formation of tubercles and ulcerations in the larynx. I called this condition Pre-Tuberculous Laryngitis. The treatment of this first stage is to be considered according to whether we have to deal with an anemic or hyperemic condition of the mucous membrane. The former naturally will need more irritant drugs than the latter. In the anemic stage I have found the following to be of service: insufflations of zinc-sozoiodol with sugar-of-milk, with applications of nitrate of silver in 3-per-cent. solutions, liquor ferri sesquichlor. (1 to 30) and balsam of Peru with spir. vini rectif. I have not risked applying any strong astringents or caustics, for fear that we might get not only a hyperemia, but, as it occurred in a case of Ringk's, an edema of the entire mucous membrane of the larynx. I need not remark that such an accident is the last to be desired, and that we have to be on our guard in making applications.

In the hyperemic stage I have used, with here and there remarkably good results, the following solution: Creosote, 5; spir. vini, 10; glycerin, 50. (The creosote can be used even stronger; see Schech.) Applications of tannin, alum and other astringents have also been used with benefit. That different inhalations ought to be used besides this treatment, and that especially at this stage any catarrhal condition of the nose or throat ought to be looked after very carefully, is too well understood to need dwelling upon.

Once laryngeal tuberculosis is established with infiltration of the tissue, with formation of ulcerations, perichondritic processes, etc., what have we to do? what can we do? Some people seem to think that these cases give an absolutely bad prognosis. This is a grave mistake, as I have seen cases of laryngeal tuberculosis cured in many instances. But do not forget that this depends upon the cure of the pulmonary trouble. We have, therefore, to pay just so much attention to the lungs and general condition of the patient as to the special treatment of the larynx. It is not the purpose of this very brief paper to outline the former.

But regarding laryngeal tuberculosis we were never before in a position to relieve the patient of his dreadful pain in swallowing as we are nowadays. This is entirely due to some of the newer remedies.

If we have a patient with simple infiltrations, with no other symptoms but hoarseness, the best plan is to leave his larynx alone and treat his general tuberculosis. After the tissue is broken down and ulcerations have appeared, our first and most important duty is to relieve the pain that in some cases is beyond description. In this respect two drugs have given me exceptional satisfaction, viz., anesthesin (Ritsert) and orthoform. In ulcers or even denuded surfaces of the upper parts, I give the patient anæsthesin 0.1-0.2 (1½-3 grs.), or even more, with sugar, several times daily, without any water. That powder often gives the patient great relief. In the majority of cases, however, we have to make topical applications to the larynx, and I have used orthoform pure or as an emulsion with menthol, that goes under the name of Freudenthal's emulsion, in clinics here and abroad, It is being largely used, and is an excellent local anodyne in all cases in which we can and do reach the ulcer. Only when the emulsion or the powder has a chance to remain *in loco* for a few minutes can it have an effect. When we thus put the patient at rest so that he can swallow and sleep well, nature does the rest, and a cure in some cases is effected. In the others we may combine with orthoform the different astringents. Grünwald, of Munich, even uses the galvano-cautery.

I also had tablets made of orthoform and menthol, but they had no effect in deep-seated lesions, as they did not get down far enough into the larynx.

In cases of ulcers, especially of the posterior wall, I thought of lubricating the esophagus with some oil before the patient takes his food. I concluded that the food would pass more readily behind the infiltration, thus relieving dysphagia, and gave olive oil for that purpose. While this oil seemed to help these cases, its taste is rather bad, and the price quite high; its use is thus rather almost prohibitive, and I appeal to the ingenuity of American druggists to find some composition which, while containing olive oil, would be free from the above objections.

For the last year or more I have used as a curative measure the high-frequency current. There are electrodes now in the market with the curvature of laryngeal instruments, and I go with them directly into the larynx.

The application is not difficult, not dangerous, and not even unpleasant if one is a little careful. I employ a long vacuum tube and introduce it into the dark larynx. For anybody with a little experience in laryngology it is not difficult to pass it over the epiglottis, and that is the principal thing. Once there you turn the end of the electrode very slowly to the side of the ulceration, and you cannot miss it. The patient himself will tell you whether you are at the right place or not. The size of the larynx being so small, the sparks apparently fill up the whole lumen.—I shall publish my experience with this method more extensively in another place. The treatment—I will say that—had a decided sedative influence in all cases. The patients felt easier, dysphagia improved, and in some cases ulcerations commenced to show signs of cicatrisation.

There are other means to treat laryngeal tuberculosis, which, however, I cannot mention in this short article. Let me repeat only that in these cases we can do a great deal for our patients, and that personally I at no time, during the twenty years of my practice, felt so hopeful for these patients as I do now.

[Written for the CRITIC & GUIDE.]

THE RELATION OF THE GENERAL PRACTITIONER TO EYE-STRAIN IN HIS PATIENTS.

By Prof. S. Solis Cohen, M.D., Philadelphia.

I cannot render any greater service to the readers of the CRITIC AND GUIDE than to direct their attention strongly to the work done by my friend Dr. George M. Gould,* on the subject of eye-strain in general diagnosis. The great importance of the eyes in human life and work, or the complexity of the work demanded of the eyes by modern civilization, need not be dilated upon. Our early ancestors had greatest need of good distant vision, and their range was bounded only by the sky and by the horizon. We spend much of our time within narrow walls and beneath low ceilings; walls too narrow, ceilings too low, even in palaces. In addition we read or write or sew or paint or do surgical operations or set type or work at machines of various kinds, demanding close sight and more or less constant accommodational effort. No one is born nowadays with an optical apparatus perfectly adapted to the environment. Some are fortunate enough not to undertake just exactly those lines of endeavor which call for the greatest use or most delicate adjustment of the ocular mechanism. Moreover, in many cases a fair approximation to good refraction answers; a pair of glasses is obtained, which more

*See especially, "Biographic Clinics," Blakistons, Philadelphia, 1903 Idem, Volume II, 1904.

and all goes well. There are many persons, however, in whom, whether from natural sensitiveness of temperament, from the complexity, obscurity or magnitude of the ocular defect, from the excessive amount of eye-work done, or from failure of general health rendering the whole organism more sensitive to peripheral irritation, neglect of the eye or happy-go-lucky correction will not serve. Asthenopic reflexes of all kinds are set up, and these may be as varied as the number of organs in the body multiplied by the number of possible individual peculiarities, and then as the number of possible permutations among the figures thus obtained. Headache, sometimes of the variety associated with nausea, and known as migraine, is perhaps the most common reflex effect of eye-strain; but there may be in addition persistent gastro-intestinal disturbances, chorea, epileptiform attacks, local edema, palpitation of the heart and other nervous and circulatory disturbances, which, at first sight, one would not think of attributing to this cause. Cases have been recorded of recurrent coryza, of menstrual disturbances, of sleeplessness, of melancholic tendencies, of persistent vomiting, of chronic diarrhea, relieved by the application of suitable spectacles. I have seen the tendency to recurrence of asthmatic paroxysms lessened by correction of eye-strain.

Let me not be misunderstood as saying that eye-strain is the source of all the ills that flesh and blood is heir to; let me not be misunderstood as saying that prescription of the right lenses is the sole function of the physician in prophylaxis or in therapeusis. I do distinctly say, however, that eye-strain is an etiologic factor of greater moment than either ophthalmologists or physicians in general have yet fully appreciated, and that the general physician must be sure in his study of obscure nervous symptoms, of obscure circulatory symptoms, of obscure digestional symptoms, that this factor has been thoroughly sought after and, if found, that this factor has been thoroly sought after and, if found, skilfully corrected, before he is in position to make an accurate diagnosis of the case before him, or to apply his therapeutic knowledge, with a prospect of obtaining a result satisfactory both to himself and to the patient.

I have often had patients tell me, when I have suggested the necessity of examination by an oculist, that they do not need glasses, that they are sure there is no eye-strain, or that their glasses suit them perfectly. Sometimes the last statement is correct; often it is incorrect. Rarely are the other statemments correct. The eye changes in its refractive elements more frequently than we have yet realized. The cause of these changes has to be sought for, I believe, in circulatory and nutritional conditions as yet quite obscure, but probably intimately connected with the functions of the vasomotor or sympathetic nervous system. Such changes are more likely to occur in those who make use of the eyes at close range, as physicians, editors, type-setters, authors,

musicians and the like, but they occur in the course of time in all persons. I am in the habit of having my own refraction gone over yearly, and of advising all my patients to have their eyes examined at least once in every two years; certainly upon the recurrence of symptoms that once have been relieved by glasses, even if the last examination was but a few months previous. Great differences exist in the personal equations of oculists. Some examiners will take great pains to find minute differences in refraction; others will content themselves with fair approximations. Some prescribe mathematically exact corrections in every case, without reference to individual temperaments, or to the particular necessities of the patient's use of the eyes; others make due allowance for these factors. Opticians also make errors in the grinding of lenses, in the setting of glasses, in the adjustment of frames. Patients neglect to take care of their glasses and frames; and a slight twist of the latter sometimes upsets all the good work of the ophthalmologist, for a carefully calculated cylinder axis is thus altered to a hurtful degree. As general physicians, therefore, we must assume charge of the eyes of our patients, calling upon the ophthalmologist to discover, and to correct, refractive and muscular errors; but never forgetting that the responsibility for the constant health of the eyes, their constant usefulness and their removal from among disease-producing factors in our patient's economy, rests with us. Thus only can we be sure of the elimination of eye-strain from among the diagnostic and therapeutic factors that we have to consider in each patient.

HARLEM MEDICAL ASSOCIATION,

MARCH 2, 1904.

From a scientific point of view this was the most interesting meeting of the session. Dr. S. J. Meltzer read an admirable paper on "myelopathic albumosuria", with the report of a case. The first case reported in this city. The behavior of albumoses towards reagents was also practically demonstrated. Dr. Jos. Wiener, Jr. read a highly instructive paper on Suprapubic Prostatectomy Under Laughing Gas. A number of cases were reported in detail, and the removed prostates were presented. Very strong arguments were presented by the reader of the paper, and, during discussion, by Dr. Lilienthal in favor of the suprapubic method of operation. A remarkable severe case of mycosis fungoides, shown to the society about a year ago, was now presented as completely cured under x-ray treatment. The case was Dr. Martus's.

The president, Dr. Luckett, was as bright as usual and the pretty face of the secretary—Dr. W. H. Stewart—was as usual wreathed in smiles. That's all. — Oh, no it isn't. A most interesting case of giantism was presented by Dr. Moschowitz and Dr. Sidney Yankauer presented a new, rather ingenious, tho very simple, chloroform mask.

The following is a condensed translation of Dr. B. S. Jessner's monograph on the treatment of alopecia. The author first considers the etiology and pathology of the various forms of this trifling, but to many rather aggravating, affliction, and then goes on to consider the treatment. It is with the latter that we are concerned.

The treatment of alopecia seborrhoica, the most common variety of baldness, should begin with the prophylaxis. A mode of life conforming to hygienic and dietetic regulations, free from overstrain, sexual excess, abuse of alcohol, etc., is the best preventive of alopecia. The scalp must be kept clean by using soap and water, comb and brush. Rough handling of the hair in combing is injurious. Exposure to cold is to be avoided for some time after washing the head. Too frequent shampooing is not to be recommended, especially for dry, brittle hair. Once or twice a week a washing of the head is, however, requisite in beginning seborrhea, and will often constitute the sole treatment. Instead of ordinary soap, green soap may be employed, or, still better, the Sapo Kalinus of the German Pharmacopœia. The author prescribes the following:

Saponis Kalini	150 Gm.
Tincturæ Benzoini	2 Gm.
Alcohol, to make	200 Gm.

A piece of flannel is soaked in this lotion and rubbed into the scalp. A thoro washing with water, as hot as can be borne, then follows. Cold water may likewise be used, and also exerts a favorable influence over the circulation. Lukewarm water has a relaxing effect and is therefore injurious. A cold affusion after a hot shampoo stimulates the circulation of the scalp.

[Sapo Kalinus of the German Pharmacopœia is made as follows: 20 parts of linseed oil are warmed up on a water bath, in a capacious tin or porcelain vessel, and mixed with 27 parts of a 15-per-cent. solution of caustic potash, to which has been added 2 parts of alcohol. The heating is continued until complete saponification has taken place.—EDITOR.]

The cleansing effects will be greater still if an interval of several hours is allowed to elapse between the application of the lotion and the shampoo. A sensitive, inflamed scalp naturally requires greater caution, lest a troublesome eczema be the result of too much zeal. In such cases, a mild superfatted soap is the best cleansing agent, or the crusts may be softened with oil before the washing. The following are suitable ointments for cases in which an eczema has supervened; here the treatment of the seborrhea must be interrupted until the inflammatory symptoms have subsided:

Ichthyol	8 gr.
Zinc Oxide.	
Starch, of each	40 grn.
Petrolatum, to make	5 dr.

Or:

Salicylic Acid	8 gr.
Zinc Oxide	75 gr.
Tincture Benzoin	8 min.
Petrolatum, to make	5 dr.

Or an ointment of white precipitate may be used. Carron oil is also efficient.

An old remedy for seborrhea of the scalp is a 2- to 5-per-cent. solution of sodium bicarbonate, well rubbed into the skin daily. It is little used at present.

It should be borne in mind that in the beginning of treatment with shampooing, numerous hairs will be removed, often to the patient's great fright. He should be warned of this beforehand, and given to understand that only diseased hair is thus removed, which would have soon come away of its own accord. Washing the head once or twice a week fulfils the chief indication of removing the excessive production of fat on the scalp. Should the hair become too dry and brittle after shampooing, it may be treated with any pure oil, taking care not to use an excess of the lubricant. Sometimes the dryness of the hair is the result of too much zeal in shampooing, and the remedy is here evident. In many cases the hair will be lubricated by the use of ointments after washing, and the oil is then superfluous.

The second indication of treatment is to combat the insidious inflammatory condition of the scalp and to check the excessive seborrhoic action of the glands. If consistent shampooing is insufficient for these purposes, recourse must be had to antiseborrhoic remedies: sulphur, resorcin, ichthyol, salicylic acid, tannin, chloral. Here are some good combinations:

Washed Sulphur	¼ to 1 dr.
Resorcin	8 to 40 grs.
Vaselin, to make	2 ozs.

Washed Sulphur	¼ to 1 dr.
Ichthyol	24 to 40 min.
Simple Ointment, to make	2 ozs.

The ointment must be rubbed into the scalp by an attendant. The hair should be separated so as to expose half-inch areas of the scalp, and to these patches the ointment is applied with a stiff brush. This is best done at bedtime, and the head covered with a night-cap afterwards.

Less reliable, tho more agreeable to the patient, are hair lotions, of which the following are examples:

Resorcin	½ to 1 dr.
Salicylic Acid	½ to 1 dr.
Tannic Acid	1½ to 2½ dr.
Spirit Camphor	5 dr.
Castor Oil	1½ to 2 dr.
Cologne Water, to make	7 oz.

Resorcin	45 to 90 grn.
Chloral Hydrate.	
Tannic Acid, of each	1½ to 2½ dr.
Tincture Benzoin	16 to 32 min
Castor Oil	1¼ to 2½ dr.
Alcohol, to make	7 oz.

Some patients are very intolerant of resorcin, and react with inflammatory symptoms. Occasionally a tarry preparation is valuable in seborrhea of the scalp, and the following is a good formula:

Liquor Carbonis Detergens	1 to 2½ dr.
Salicylic Acid	½ to 1 dr.
Castor Oil	1 to 2 dr.
Tinct. Benzoin	½ dr.
Cologne Water	1½ oz.
Alcohol, to make	7 oz.

One of the newest preparations is captol, a condensation product of tannin and chloral; it has been found efficient by some, but is very expensive.

As to the use of solid, medicated soaps, the author limits them to the after-treatment, when the seborrhea is almost entirely cured. A sulphur-soap may then be used in shampooing the head with hot water, once or twice weekly.

All these measures are directed towards checking the falling out of the hair. Once the baldness has become conspicuous, the procedures detailed above will not bring about a restitution of the lost hair. Such restitution is, however, possible as long as the bald patches are not atrophied and are covered with lanugo. In these cases local irritants must be employed to stimulate hair-growth. Massage, friction with rough towels, hot shampooing, and the faradic brush applied daily are all valuable prophylactic measures. Of medicinal agents, chrysarobin is advisable, and its use will be discussed in connection with alopecia areata; less efficient is tincture of cantharides in 10- to 20-per-cent. combinations, as lotion or ointment.

To recapitulate: the treatment of seborrheal alopecia consists in thoro washings of the head with soap and hot water, supplemented in severer cases with the application of antiseborrheal ointments or lotions. Advanced alopecia is treated similarly to alopecia areata.

The secret of success lies in patient and persistent treatment. No cure must be expected in the course of a few weeks' time. Months will elapse before treatment can be abandoned, and even afterwards shampooing at regular intervals will be necessary if the seborrhea is to be held in check.

The treatment of *alopecia areata* is not hopeless, and is based on the local application of antiparasitic and irritant remedies. The treatment is best inaugurated by removing all the loose remaining hair. This is followed by a thoro cleansing with soap and water. The most efficient medicinal remedy is chrysarobin

in 1- to 5- to 10-per-cent. ointment, rubbed with a brush into the bald areas and their surroundings. Care must be taken to protect the eyes by wearing a close-fitting cap over night. If conjunctivitis appears in spite of this, the head must be thoroly cleansed of the remaining chrysarobin, and the subsidence of the trouble accelerated by means of cold eye-washes. Another unpleasant feature of the treatment with chrysarobin is the discoloration of the face, giving the patient a mulatto's complexion, which disappears, however, as soon as treatment is discontinued.

The application of the faradic brush for five or ten minutes daily is an efficient adjuvant to the chrysarobin treatment, as is also daily massage, or friction with a rough towel.

Often irritants have been recommended, as blistering the scalp, scarifications, the use of croton oil, carbolic acid, etc. For example:

Carbolic Acid,
Chloral Hydrate,
Tincture Iodine, of each.....2½ dr.

Or:

Acetic Acid, Glacial.....16 grn.
Chloral Hydrate..... 1 dr.
Ether..... 6 fl. dr.

The best local remedies are, however, chrysarobin and the faradic brush. Internally arsenic, and subcutaneously pilocarpine, are well recommended. Recently, phototherapy has been used successfully in alopecia areata, but is not accessible to the majority of practitioners.

It should be noted that all these remedies are also appropriate in advanced alopecia seborrhoica and, in fact, in all varieties of alopecia.

Another variety of baldness is the *mycotic alopecia,* caused by different micro-organisms and, strictly speaking, a symptom of other diseases. Such are alopecia trichophytica or tinea tonsurans of the scalp, and alopecia favosa or favus of the scalp.

The first is oftenest met with in children; is highly contagious, but gives a good prognosis, as the hair-growth is almost always restored. The treatment consists in cutting the hair short and pulling the stumps of the affected areas out. A cleansing with soap and water follows, and tincture of iodine is then painted on the scalp; or the scalp is shaved and collodium applied for five to seven days. The collodium is then removed, and with the pellicle the stumps and scales come away. Now tincture of iodine is painted on, and the application repeated every three days for some time, when the scalp is again shaved, collodium applied, etc. In six to eight weeks the cure is complete. Other remedies, like croton oil, pyrogallic acid, resorcin, ichthyol, etc., have also been tried with success. A method recently proposed is to cut the hair short and apply the following to the scalp once daily, with a brush:

Acidi. Carbolici,
Ol. Petrolei, aa.....2 oz.
Tinct. Iodi,
Ol. Ricini, aa.....3½ oz.
Ol. Rusci, ad.....1 pint

On the sixth day a cleansing with olive oil and a brush is ordered; on the seventh the above tincture is reapplied for five days. This cycle is repeated for three to four weeks. Thereupon a 10-per-cent. sulphur ointment is rubbed into the scalp for several days, and the treatment is closed with a two-weeks' course of the following:

Resorcin,
Salicylic Acid, of each..... ½ oz.
Alcohol.....4 oz.
Castor Oil, to make.....1 pint

The other mycotic variety, alopecia favosa, requires the removal of the hair. This is best accomplished by pulling out each hair with a pair of pincers. The procedure is slow and trying, but there is none better. The following formulæ are useful:

Mercury Bichloride..... 8 grn.
Tincture Iodine..... 2 oz.

Salicylic Acid.
Ichthyol, of each.....75 grn.
Green Soap,
Petrolatum, of each..... 5 dr.

Or, a 1- to 10-per-cent. ointment of pyrogallic acid should be used persistently for months, morning and evening. Lately the X-rays have been utilized in treating favus, and another modern method is the implantation of hair in scarified favus-scars. It is said that clippings of hair implanted in this manner strike roots and form new hair-follicles. The method, if really so efficient, should have a great future.

The variety of alopecia known as *symptomatic,* may be due to a score of external and internal diseases, as erysipelas, syphilis, leprosy, myxedema, acute infections, etc. The treatment is that of the underlying affection, supplemented by local irritants—cantharides, chloral, friction, etc.

FUROR OPERANDI.

A prominent gall-bladder surgeon is very indignant because some physicians still believe that gallstones can be cured without operation. In his opinion *every* case of gallstones should be operated on *as soon* as diagnosed. Conservative physicians, who have permanently cured cases of biliary calculi without operation, will shake their heads at such rash statements, and will go on using Carlsbad salt, olive oil, sodium phosphate, sodium glycocholate, etc.; and their results will be at least as good, if not better, than those of the surgeons suffering from furor operandi.

Robinson's Prescription Incompatibilities.

(Continuation)

142—Zinci Phosphidi.....gr. xvj
Ac. Phosphor. Dil.....ʒi
Glycerini.....ʒj
Aquæ Menthæ.....q. s. ad ʒiv
S.: ʒj three times a day, after meals.

This prescription recalls to mind an interesting discussion I once had with a physician regarding the doses of medicines. He claimed that the doses of all the medicines, poisonous and non-poisonous, are too small as given in the books. He cited many instances to prove the truth of his assertion, and among other things he said: "Here is zinc phosphide. The dose as given in the books is from $^1/_{16}$ to ¼ of a grain. Well, I always prescribe it in ½ and 1-grn. doses, and have never seen any bad or even disagreeable effects." This statement astounded me somewhat. I replied that I would never exceed ½ grn., and asked him in what form he prescribed it—in pill or capsule. "In solution," was the answer. "How do you dissolve it?" I asked. "Zinc phosphide is insoluble in water or alcohol." He replied that he never had any trouble, and showed me the above prescription. I could not restrain from smiling, and that gave him a clue that something was wrong with his prescription. I then explained that in the above prescription he had practically no zinc phosphide left; that the acid decomposed it, with the production of phosphine or phosphoretted hydrogen, and that he would have done much better to prescribe zinc phosphate from the start. The reaction which takes place may be expressed by the following equation:

$$\underset{\text{Zinc Phosphide}}{Zn_3P_2} + \underset{\text{Phosphoric Acid}}{2H_3PO_4} = \underset{\text{Zinc Phosphate}}{Zn_3(PO_4)_2} + \underset{\text{Phosphine}}{2H_3P}$$

The regular tribasic zinc orthophosphate is insoluble in water, and as the above mixture was perfectly clear, it is evident that by the aid of the excess of phosphoric acid the zinc acid phosphate was formed.

The reaction would then have to be expressed as follows:

$$Zn_3P_2 + 3H_3PO_4 = 3ZnHPO_4 + 2H_3P$$

143—Aloini.....gr. ij
Podophyllini.....gr. ss
Calomelanos.....gr. v
Pulv. Saponis.....q.s.

This forms a strong cholagogue pill. Tho the physician directs that soap be taken as the excipient, it is neither advisable

nor perhaps even permissible to do it. Soap is practically always alkaline, due to an excess of soda. This latter will convert the calomel into mercurous oxide (Hg_2O); and even assuming that the latter would not gradually decompose into metallic mercury and mercuric oxide, it is certainly dangerous to take internally about 5 grs. of mercurous oxide. Another excipient, such as extract of gentian, should be taken. The black color noticed while triturating the calomel with the soap is due to the above-mentioned conversion of the calomel into the black oxide of mercury.

144—Quin Sulph.
Ac. Tartarici.....āā.....℥iss
Potass. Iodidi.....℥ijss
Syrupi Rub. Idæi.....℥j
Aquæ.....q.s., ad ℥iij

In R. No. 40 I presented a similar prescription, but dilute sulphuric acid was used instead of tartaric acid; the presence of the latter produces an additional precipitate, thus making a triple incompatibility. If the quinine sulphate is dissolved in a part of the water by the aid of the tartaric acid, and a solution of the potassium iodide added to this, a fine crystalline precipitate is immediately formed. This precipitate is not quinine iodide, as might be supposed (that is formed later), but potassium bitartrate.

$$\underset{\text{Potass. Iodide}}{KI} + \underset{\text{Tartaric Ac.}}{H_2C_4H_4O_6} = \underset{\text{Hydriodic Ac.}}{HI} + \underset{\text{Cream Tartar}}{KHC_4H_4O_6}$$

It will be remembered that this is the official way of making hydriodic acid in Syrupus Acidi Hydriodici. The hydriodic acid and the balance of the undecomposed potassium iodide soon afterward attack the quinine sulphate, and precipitate it in the form of quinine hydriodate. In dispensing, the tartaric acid had best be left out.

145—Iodoformi
Hydrarg. Chlor. Mitis } .....āā ℥ij

This prescription is said by some to be incompatible, it being claimed that iodine is liberated from the iodoform, converting the calomel into mercuric iodide. I take exception to this statement and affirm that this combination is quite compatible. Iodoform liberates iodine only when exposed to direct sunlight; and when such a powder is prescribed, it is not generally set in the sun. It is more often hidden under a bushel. I have prescribed this combination hundreds of times, without ever noticing mercuric iodide. As a rule, the powder is used in a few days.

A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(Continuation.

Dionin. Ethyl-morphine hydrochlorate. Codeine is methyl-morphine that is one hydrogen in the morphine is replaced by the radical methyl, CH_3; in dionin one H in morphine is replaced by the radical ethyl, C_2H_5. White powder, of a faintv bitter taste. Very soluble in water, alcohol and syrup. Used as a substitute for morphine, but it is much milder and much less toxic. Excellent in coughs, bronchitis, laryngeal tuberculosis; but of little value as an anodyne in cases of severe pain. Dose: ¼–1 gr. Also used in the eyes in conjunctivitis, iritis, corneal ulcers, keratitis and even glaucoma.

Diosmal. An extract of buchu, prepared by special method (exhausting the buchu leaves with boiling ligroin and then with boiling alcohol).

Dioviburnia. A mixture of indefinite composition claimed to consist of the fluid extracts of Dioscorea villosa, aletris farinosa, viburnum prunifolium and opulus, mitchellia repens, helonias, caulophyllum and scutellaria. Recommended by the manufacturers as a uterine tonic and antispasmodic in doses of 40 to 60 minims.

Diuretin. Theobromine-sodium salicylate. White powder, decomposed on exposure, soluble in water, when not old. Diuretic. Especially recommended in scarlatinal nephritis. Dose 5 to 15 grs. Incompatibles: acids, alkalies, ferrric salts. (See author's Prescription Incompatibles)

Dolomol. A name applied to the palmitates and stearates of various metals, chiefly calcium and magnesium. Used as dusting powders, for which purpose they are well suited.

Dormiol See Amylene Chloral.

Dymal. See Didymium Salicylate.

Echafolta. A concentrated liquid preparation of the plant Echinacea. It is practically colorless and odorless and leaves a biting sensation in the mouth. Claimed to be absolutely non-toxic. It is highly praised be eclectic practitioners as an antiseptic and tonic-alterative in septic condition: in carbuncle, erisypelas, ulcers and abscesses, wounds etc. It is applied externally in a 25% dilution with water, and internally it is given at the same time in doses of 2 to 5 drops.

Eka-Iodoform. Iodoform mixed with 0.05 per cent of trioxymethylene (paraformaldehyde). The odor of the iodoform is not disguised, but its antiseptic properties are claimed to be increased.

Emoleo. A trade name for oleo-stearates of zinc. On the market in different combinations: with camphor, menthol, balsam of Peru, etc.

Ephedrine Hydrochlorate. An alkaloid from the leaves of *Ephedra vulgaris.* White needle-shaped crystals, soluble in water. Mydriatic. Dose: 1 to 2 drops of a 10% solution. See Mydrine.

Epicarin. Oxy-naphtyl-oxy-toluylic-acid. A condensation product of beta-naphtol and creosotic acid. Forms readily soluble neutral salts. A reddish-yellow powder, insol. in water, sol. in alcohol, ether and fatty oils. The sodium salt of epicarin is soluble in water. Used in various skin diseases, such as scabies, psoriasis, barber's itch etc. Mode of application: a 10 to 20 per cent ointment, or more rarely solution. Formulæ: Epicarin 3i, Unguent. Simpl. ʒi or Epicarin 3i Aetheris, Alcohol ää ʒss Glycerini 3ss. Apply with brush (for pruritus).

Epinephrin. The name given by Abel to the active principle of the Suprarenal gland.

Erythrol. Double salt of bismuth iodide and cinchonidine hydroiodate. Brown red powder, insoluble in water or alcohol. Recommended in certain forms of dyspepsia as a digestive and anodyne. Dose 1|6 to 1 gr. 3 times a day. *Has nothing in common with erythrol tetranitrate.*

Erythrol Tetranitrate. Tetranitriin. $C_4H_6(NO_3)_4$. Crystalline mass, insol. in water, sol. in alcohol. Explodes readily on handling or percussion, and therefore appears on the market either in alcoholic solution or in tablets, chiefly the latter. Properties same as of nitroglycerin, that is it is a vasodilator and is used in angina pectoris. Dose 1|6 to 1 grain.

Ethyl Bromide. C_2H_5 Br. Mono-brom-ethane. Hydrobromic ether. Clear colorless liquid, odor of chloroform, burning, sweetish taste, very volatile and inflammable. Insol. in water, sol. in alcohol, ether, chloroform. Anesthetic, by inhalation, especially for short operations. The amount used at a time is about 2 to 5 drams, on a folded towel, which is applied directly to the nose. While anesthesia suprevenes rapidly, it does not last long. In spite of occasional articles, extolling its use as a safe anesthetic, it has not yet succeeded in coming into general use. Also used internally as a sedative in hysteria (dose 5-10 drops on sugar) and as a spray in neuralgia. Caution: prevent exposure to light and air as much as possible, as it readily decomposes, liberating bromine and becoming brown. In such condition, it should of course not be used.

Ethyl Chloride. Monochlorotane. C_3H_5Cl. A gas at the ordinary temperature and pressure. On the market as a compressed liquid; colorless, highly volatile and inflammable. Local anesthetic. As a spray in minor surgery, in neuralgia and in dentistry. It comes in specially made tubes, the apertnre of which is closed by a screw top. By unscrewing the top, the liquid issues in a fine spray. It is advisable to hold it 6–10 inches away from the part to be anesthetized. (See Kelene).

Ethyl-Morphine Hydrochlorate. See Dionin.

Eubiol. An organic iron preparation. In the form of powder and 50% solution. Odorless, tasteless and soluble in cold water, forming a dark red solution.

(To be Continued.)

DEPARTMENT OF
Materia Medica and Therapeutics.

This Department will form a prominent feature of the Critic & Guide. Queries of a pharmacologic and therapeutic character are invited and will be answered in this Department

The Treatment of Dysentery.

The treatment of dysentery is outlined by Dr. T. S. Dabney as follows: The patient is put to bed in a well-ventilated room, and is comfortably covered. A saline mixture is prescribed, according to this formula:

Morphine Sulphate,... ½ to 1 grn.
Sodium Sulphate..... 1 oz.
Dilute Sulphuric Acid. 1 to 1½ dr.
Cinnamon Water, to make.. 4oz.

This medication is persisted in until the discharges lose their bloody character and become feculent. Magnesium sulphate is employed by many, but the author prefers the sodium salt, chiefly on account of its stimulating action on the liver. The addition of sulphuric acid renders the intestinal contents less alkaline and thus less suitable for bacterial development. When the stools assume a feculent character, bismuth subnitrate is given in doses of 15 to 30 grn. every three to four hours, or salol in 5-grn. doses every three to four hours.

As to the favorite treatment with ipecac, there are several reasons which account for its falling into disuse: the drug is unreliable, it is nauseating, and good results have been obtained from the salines. The value of ipecac is, however, unquestionable. Great care must be taken to procure the fresh drug, as powdered ipecac rapidly deteriorates in warm countries. The routine method is to place the patient in the recumbent position, keep his stomach empty, then order 30 drops of laudanum half an hour before the bolus of 30 to 60 grn. of ipecac is administered. A sinapism is applied over the epigastrium. The dose is repeated every four to six hours, and this medication continued for twenty-four to forty-eight hours. Often this treatment will succeed after the salines have failed, and vice versa.

Strict attention should be paid to the diet. As soon as the patient's powers flag, he must be generously nourished with roast beef, mutton, fish, eggs, red wine, etc. As a drink, a glass of water with 10 to 15 drops of dilute nitrohydrochloric acid is agreeable, and useful in stimulating the hepatic function and retarding the growth of bacteria.

When the disease becomes subacute or chronic, silver nitrate is an efficient remedy. It may be given as follows:

Silver Nitrate.....20 grn.
Fuller's Earth, to make.....30 pills

During this medication, salt or food containing it should be avoided. The prescription is not to be repeated. If it fails, the topical application of silver nitrate is indicated:

Silver Nitrate.....½ dr.
Distilled Water.....2 pints

This is injected high up the bowel, and the enema repeated, not oftener than every twenty-four hours, however. No ill effects need be feared.

But by far the best results in serious cases of dysentery are obtained by a change from a tropical climate to a cool one.

The liver must be constantly watched in all cases of dysentery. In acute and subacute hepatitis, baths medicated with nitrohydrochloric acid are advantageously ordered night and morning: Nitrohydrochloric acid (strong) 1 oz., and warm water, 12 to 16 pints. Place feet in this bath, and sponge legs, thighs, and the region of the liver for fifteen minutes. If the bath "bites" too much, add more water.

The advent of suppurating hepatitis, as indicated by chills, intermittent fever, and pain, indicates surgical interference.

Prophylaxis should be the main reliance, after all, and consists in the use of pure water, in a suitable diet, in keeping regular hours, and cultivating moderate habits.

[Belladonna and opium suppositories are extremely useful in relieving the agonizing tenesmus. EDITOR.]

The Best Treatment in Case of Swallowing a Foreign Body.

Sufficient warning has been given against administering cathartics to persons who have swallowed foreign bod-

ıpecially one having sharp points. the surest way of injuring, perpenetrating the intestine. Neverıs I am just thru reading the reıf a case in which the doctor adıered cathartics to his own baby, swallowed an open pin of the -pin variety, which it had pulled ım its mother's buckle. The right ıent in the case of swallowing a n body, whether by a child or an is to stuff the patient with a amount of solid food, leaving a residue; potatoes are the best. oreign body becomes imbedded in esidue matter, and it generally ; easily and painlessly. A good ant to the potatoes is slippery-elm Make the patient chew as much as possible; let him also swallow ground-elm bark. The mucilage : elm protects the intestinal walls, nis renders the feces and the forbody slippery, without increasing alsis.

etone in Sea and Train Sickness.

Cameron Kidd reports a case of e girl of twelve, who has all her een subject to train sickness. If ver traveled by train for more a few miles, she was invariably ated by severe vomiting.

ious devices and medicinal treatwere tried, but with no success. only way to avoid the sickness o avoid the railway journey. But each year, when going to and the sea-shore in summer, the in- n had to be borne. In spite of precaution that would be taken urney would be rendered miserand she would be upset for several after. This year the doctor tried etone in capsules; she took two doses before starting. For the ime in her experience the journey comfortable. On the return ey the same dose produced simihappy results.

the same issue Dr. Oscar Jen- reports good results from a ıose of chloretone to a lady patient was always sick on crossing the nel. He considers chloretone also ole in allaying the nausea, followıe withdrawal of morphine in morhabitués.

ention of Sterility from Gonorrhea

Ferd. Kornfeld gives some good for the prevention of sterility, in his recently published brochure "Gonorrhea and Matrimony" (Vienna, 1904). He is decidedly opposed to the use of ice in the acute stage of unilateral or bilateral epididymitis. It quiets the patient temporarily, but its effects upon the resultant induration of the gland are bad, and even a purely expectant treatment is preferable. When the acute symptoms have subsided Unguentum Credé has been found very valuable. It promptly and efficiently promotes the resorption of the inflammatory exudation. Sanitary results are seen from Collargol instillations and injections (¼ % to 1 %) in very obstinate gonorrheas, the cause of whose persistency is the involvement of the prostate.

Unguentum Credé, thinly spread on linen, is applied two or three times daily and covered with a moist dressing, which aids its absorption. This is the greatest value for preventing induration or obliteration of the vas deferens and for preserving virility. The silver ointment plays a prominent rôle in the therapy of other gonorrheal complications and residual processes, as in acute and chronic prostatitis, in the form of suppositories containing ¾ to 2¼ grains of Collargol or 4 grains of Unguentum Credé

The author lays special stress upon the use of these remedies in female gonorrhea. Especially Unguentum Credé has proved to be an admirable absorbifacient and disinfectant for puerperal exudates, and in puerperal sepsis. When eemployed either externally as an inunction or by enema, the results from its use have been nothing less than brilliant. In the gonorrheal affections of women uterine lavage and vaginal and cervical tampons with these remedies have a most excellent germicide and desiccant effect, as Kornfeld's own abundant experience proves. He deems it his duty to call attention to the eminent efficiency of vaginal suppositories made of Unguentum Credé in promoting the energetic absorption of painful pelvic exudates.

As regards systemic infection with the gonorrheal virus, gonococcopyemia, the author obtained surprisingly good results from Collargol enemata in three cases, which in spite of desperate symptoms resulted in complete recovery.

Notes, Thoughts and Reflections

BY THE EDITOR

RUSSIA AND JAPAN.

To the Editor of *The New York Times:*

The threatening war cloud that has been darkening the Oriental horizon for months past is about to burst.

If prayers were effective in such affairs, then every good, honest, right-thinking, progress-loving man and woman should pray earnestly and fervently that the struggle between the two nations, Russia and Japan, may be short and decisive, and that Russia may receive such a severe punishment, such a crushing blow, as would stagger her and weaken her for years and years to come.

War is hell. But some wars are inevitable, and this coming struggle between the merciless, inhuman, reactionary Northern colossus and the part of the world that stands for progress and civilization has been foreseen by the careful student for many years, and the sooner it breaks loose the better for the world at large. It is a narrow-minded view to consider the struggle between Russia and Japan as merely a war between two nations. No.

It is a struggle between mediævalism and the twentieth century, between barbarism and civilization, between reckless disregard of human rights and a decent respect for such rights; in short, between everything mean and cruel of the past and everything good and hopeful of the future. Japan is merely an accident. Behind Japan stands Great Britain, the United States, and the rest of the civilized world.

Russia is the only country which mercilessly crushes every attempt at progress, tramples upon every ideal dear to the human heart, scoffs at oaths and promises, punishes with death and exile those who dare to think or speak of liberty, and it is the only country that casts a darkening shadow over the orderly progress of mankind. For the welfare of the latter, Russia must be chastised, must be curbed, must be taught that we do not live in the times of Ivan the Terrible, and that a hundred million people may not be tortured with impunity.

And Russia herself needs that castigation. The cowardly bully always gets more decent after a severe whipping. After the defeat of the Crimean War Russia began to look around earnestly for reforms, a semblance of freedom was granted to the press, the liberal Russians began to breathe freely, and great things were accomplished in a short time. But the Russian bureaucracy, the fouleest and most corrupt on the face of the earth, became alarmed, and all the liberties were taken away, so that there is less freedom in Russia now than there was fifty years ago.

A crushing defeat now would make Russia see better days in a very short time. Russia's best sons, those who are imbued with true patriotism, are praying for defeat of their own country, for they know that defeat in war means ultimate victory of the principles of progress, of liberty, of humanity.

WILLIAM J. ROBINSON, M. D.

The above letter appeared in the *Times* of February 14th. I would like it distinctly understood, that I bear no ill-will towards the Russian people. The Russian people are all right. Some of the Russian men and women represent the noblest and most heroic types that mankind has ever produced. Russian literature is one of the grandest in the world. Russian medicine is at the highest point of development. But it is the foul, dishonest, cruel, bigoted, murderous Russian government, that deserves the hatred and desecration of every honest human being. And, therefore—let us pray for the crushing defeat of Russia.

* * *

A low and thieving monopoly is the gas monopoly. By supplying an inferior quality of gas and manipulating the pressure they systematically rob and defraud the people. Legislation is but a poor remedy. The only remedy is for each municipality to own its own gas plant, as it is so successfully done in Glasgow and in a score of other cities.

* * *

The *naiveté* and the nonchalance with which a devout Catholic woman will tell you—if you are her family physician—that she simply *couldn't* afford to have another one, that she went to a midwife, who "brought it on," and that she has been bleeding ever since, etc., is really remarkable. Simply goes to show that social conditions are stronger than religious precepts in their influence on our conduct.

[Squib—a pithy comment on men or things.—*Dictionary*.]

The Squibber

FRANK HOMER, Ph. G. **Pithy Comments on Things Pharmaceutical.**

A very, very silly thing has been done by the Drug-Clerks' Circle in nominating a certain "Dr." Kahn, an instructor in the Brooklyn College of Pharmacy, as candidate for the Board of Pharmacy. Leaving out of the question the personality of "Dr." Kahn, who is said to possess an india-rubber backbone, and who is merely the tool of Billy Muir, the very fact that he is connected with a college should disqualify him. Here we have been fighting and showing up the disgraceful state of affairs in the State of New York. We have so plainly demonstrated the viciousness of having college instructors and state examiners represented in the same person, that nobody had a word to say against our arguments. We have shown that in all other professions it is distinctly forbidden to have a college instructor or professor represented on the state examining board, and, nevertheless, the drug-clerks, who certainly should know better, go and nominate a "college" man. Just imagine the fun of having both Billy Muir and "Dr." Kahn on the board of pharmacy. Why, the Brooklyn College students would have a cinch, indeed. They know very little now; they wouldn't have to know anything then! God save the New York pharmacists from such a possibility.

Of course, "Dr." Kahn does not stand a ghost of a chance of coming within a hundred miles of being elected, but the principle is vicious and corrupt, and must be condemned by the CRITIC AND GUIDE. Cannot the drug-clerks of New York find a good man, who is entirely free from any pernicious alliances and influences?

* * *

And as we are going to press, we learn that the Brooklyn College people have determined to nominate still another "Professor" for the next election. The impudent audacity of the thing almost paralyses me. As soon as I recover—well, there will be an editorial on the subject in the next issue.

Francis B. Hays has resigned the editorship of the *Southern Drug Journal*, and is again to wield his merry pen in the editorial sanctum of *The Druggists' Circular*. Welcome back, Francis B., to gay Gotham! The editorial pages of the old *Circular* are sorely in need of your blue pencil, and are in dire straits for a man possessed of some humor.

* * *

The announcement of the engagement of the N. Y. C. P. to Columbia University hasn't been received by the Brooklyn C. P. with the felicitous expressions that one sister should receive from another on such an occasion. But the Brooklyn sister shouldn't be envious or discouraged. Her N. Y. relative isn't a maid in years, and perhaps the shy glances that the Brooklyn C. P. has already cast in the direction of Ithaca may bring results—in time.

* * *

J. M. Tobin thinks $50 per annum should be salary enough for the secretary of the Manhattan Pharmaceutical Association, while most of his associates place the figure at about $160. Perhaps this is the modest way J. M. T. takes of announcing his candidacy for the job.

* * *

Andrew R. Cunningham, of Detroit, says that "the drug business is a serious business, and a drug-store is the last place in which tom foolery or nonsense should be tolerated." Right you are, Andrew, and we don't take it, either, that you mean a long face should be cultivated in preference to a cheerful one.

* * *

Dr. Henry H. Rusby, dean of the N. Y. C. P., was recently scheduled to lecture before the Academy of Art and Science, at the Carnegie Library, in Pittsburg, but thru the error of a street-car conductor, appeared prepared to lecture at the doors of the Western Penitentiary, in Lower Allegheny. When the ruffled feelings of the good doctor have been smoothed by the gentle touch of Time, he'll appreciate more the humor of the situation—and

maybe he'll even learn to forgive the flippant prison-guard who flashed a lantern in the doctor's face and looked the suspicions he had of the lecturer's mental balance.

* * *

The Iowa Legislature is considering a bill which provides that members of the state pharmacy commission shall be graduates of a pharmacy school and total abstainers from intoxicating liquors (McCreary, H. F. 203). Wonder if the latter qualification includes certain proprietary "medicines"?

* * *

A New York druggist is on trial charged with selling ordinary distilled water when a certain brand of mineral water was called for. The real question is whether the accused druggist was at heart a philanthropist who chose the lesser of two evils, or only a conscienceless substitutor.

* * *

The *N. Y. Tribune* of recent date says of the scarcity of camphor: "On Dec. 23 *The American Druggist and Pharmaceutical Record*, of which Caswell A. Mayo is editor, quoted the wholesale price of a pound at 55½ cents." And, further on: "Japan has controlled the world's supply of camphor, according to Thomas J. Keenan, associate editor of *The American Druggist, etc.*, since the island of Formosa was ceded to that country by China." The remarkable thing about this is the cute way Messrs. Mayo and Keenan have of basking in the lime-light. You are all right, M. & K.

* * *

Now that a cocaine bill has been introduced in Albany that would allow the narcotic to be sold only when prescribed by a physician or dentist, and so restricted, even when hidden in the insidious proprietary snuff, wine, etc., the legislature may expect to hear much about "unwarrantable interference with legitimate industries, the poor people's rights," etc., from the natural guardians of these things—the substantial business men of the P. A. of A. We can hear Attorney Douglas now pleading eloquently against any such drastic measure—in the interest, too, of "suffering humanity." Rather should ten thousand dope fiends be created annually than that one single proprietor be made to disclose that he uses cocaine in his "remedy," or than that his nostrum be restricted in any wise. Bad precedent, you know!

* * *

Paul Pierce, editor and publisher of *What to Eat*, the Chicago magazine that for years has waged warfare against food adulteration, has been appointed superintendent of food exhibits for the Louisiana Purchase Exposition, at St. Louis. Mr. Pierce is a member of the legal profession, and attributes much of the crime of the cities to impure, improper, and poorly cooked food. He might have added that much ill-health is due to intemperance in eating.

* * *

Philadelphia druggists, among other tradesmen of the Quaker City, have gotten into much trouble thru the operation of the old blue laws. Selling cigars or soda-water on Sunday is an offence under these enactments, and spies have grown up under them. It is pleasant to read, then, in the *P. A. R. D. Bulletin*, that a judge of Quarter Sessions rules that if it be worldly employment or business within the meaning of the statute to sell a cigar on Sunday, it is equally worldly business to buy a cigar, even for the godly purpose of tempting a dealer to commit the offence of selling it. May such justice be meted out manywhere!

* * *

Miss Josie A. Wanous is the sole owner and manager of one of the most prosperous pharmacies in Minneapolis, having opened a store there, with little money, in 1895. She is assisted by three women pharmacists, and handles neither cigars nor proprietary medicines. Evidently the people in this hustling western city have little of the narrowness in their make-up that has been exhibited here in New York. Two girls had a drug-store in Harlem about three years ago, but could not make it pay, partly because the doctors strongly advised their patients to entrust prescriptions only to men.

* * *

Some time ago the N. A. R. D. officials, in advising druggists to get together, pointed to the labor unions as examples of what might be accomplished thru organization, and commented admiringly upon the loyalty of union men to their organizations, and upon the substantial dues paid. That was all right, and we believe the druggists' unions have profited thereby, and

are progressing toward the efficiency of the typographical unions, the building-trades unions, etc. But along with this there should be loyalty to the union principle, and no objections raised, say, to drug-clerks' unions—both are in the same category and strive for better things.

* * *

If any employing druggist thinks it wrong in principle for drug-clerks to organize and affiliate with labor unions, and would make his protest effective, let him make sure that his own clerks have no good cause for taking such a step. If he is considerate of their comfort, pays a fair wage, shares with them some proportion of any increased annual profits, and sees to it that they have the necessary time for recreation —then is he doing his duty as a wise and just man. Otherwise he is one of the many who are driving clerks into labor unions or into opening up competing drug-stores. A good clerk should be, in a measure, a partner in his employer's business. The subject of the relations of druggist and drug-clerk should be given more serious attention than it has yet received from the various national, state, and local druggists' associations.

* * *

Here's the interesting arraignment of proprietary medicines by the manufacturer of one, who, therefore, ought to know. He said, in the recent issue of a Lowell, Mass., paper, in which he incidentally advertised his own preparation: "Over 99 per cent. of the patent medicines, 'cough balsams' and 'syrups,' and so-called 'immediate relief' remedies contain opium, morphine, cocaine, laudanum, or some form of poisonous drugs or injurious stimulants; a great many of them contain drugs so deadly that they never are referred to except as poison. We repeat that those selling these deadly drugs, under the name of some patent medicine or cough cure, should be compelled by law to print the formula on each package, telling what it contains."

* * *

No class of men knows more of the widespread evil of the cocaine habit than do the druggists, and to their everlasting credit, it will be known that they took the initiative in the wave of restrictive legislation that is now sweeping the country. Pharmacy and the people of this country owe a debt of gratitude to Professor Henry P. Hynson, of Baltimore, for his comprehensive report on narcotic habits at the fiftieth annual meeting of the A. Ph. A., that started the present wave. What are we to think, then, of the prominent Brooklyn druggist who opposes any restriction on the sale of cocaine, on "general principles," and who pleads that a mountain is being made of a mole hill?

* * *

Druggists on the west side of Detroit, Mich., are complaining of what they claim is a combination between certain physicians and druggists to prescribe certain high-priced proprietary drugs, to the mutual advantage of prescriber and dispenser. A glance at the newspaper article which deals with the subject shows a lot of preparations with high-sounding names and high prices, and an admitted agreement concerning them between certain druggists and physicians. Also admitted is the fact that the companies credited with manufacturing the preparations do not exist, but that the druggists concerned make them. The claims made for the preparations are in the usually modest verbiage of the "patent-medicine ad." The whole business is unsavory. Such practices should be condemned and rooted out, when possible, by the right-thinking men of both medicine and pharmacy.

* * *

R. C. Werner, the substantial proprietor of four Brooklyn drug-stores, thinks that a little pepper and salt (as represented by the CRITIC AND GUIDE) is a good thing in pharmaceutical journalism. Those who know the gentleman intimately (we don't) have great respect for his opinion, and we're inclined to bow to his judgment.

* * *

If but one-half be true of the report made by the Wine and Spirit-Dealers' Association of Massachusetts, concerning a big rum trade in some drug-store of that state, the police authorities and the Board of Pharmacy should get busy very quickly. Private detectives employed by the association have discovered things that astound even the liquor dealers. One "druggist" is reported to have put in his stock in one week 720 quarts of whiskey, considerable wine, 5 gallons of brandy, ales, and

beer—which are dispensed at a bar behind his prescription-counter. The liquor dealers claim that many of these drug-store bars do a bigger business, on an annual license of $1, than they do on their $1,400 a year license; that men gamble and drink about the drug-store bars long after the saloons are closed. It is asserted that druggists in and around Boston—in no-license towns, too—buy each week 1,800 quart bottles of ale. Copies of the report have been sent to the Massachusetts State Pharmaceutical Association and the Board of Pharmacy. These bodies should be the first to unmask and condemn liquor-dealers masquerading as druggists.

* * *

Felix Hirseman, of the Bronx, takes up the editorial pen laid down forever by the late Dr. Pfingsten, editor of the *Deutsch-Amerikanische Apotheker-Zeitung*. Mr. Hirseman is by temperament a philosopher, who, nevertheless, has participated in those activities of his fellows that make for progress, while abstaining always from the picayune bickerings that have their origin in narrow prejudices. Therefore, is he held in singular esteem by those who know him. To his new office he brings no great reputation for editorial ability; but he may be expected to plod along, straining ever for the inspiration of that genius which is an infinite capacity for taking pains.

* * *

Joseph Weinstein, president of the New York Retail Druggists' Association, awaits patiently the long-promised summons of the N. A. R. D. officials to marshall the druggists of the east side into the N. A. R. D. camp. With the backing of the national officials, no one is better equipped to organize the east side into a N. A. R. D. stronghold, but up to date the only sign Mr. Weinstein has received from national headquarters is a notification of his organization's dues. Perhaps the N. A.R.D. officials await the psychological moment for the summons to J. W.—the moment when the "Washington promise committee" shall announce the big cutters bottled up behind minimum price-schedules.

Have you ever heard of the big wholesale firm of C. N. Crittenton Co., New York? Yes? Well, the head and founder of that firm hasn't devoted his time to that business since 1882, when he lost his daughter Florence. He took an oath then to do some world-wide work in his dead child's name, and made that work the reclamation of unfortunate women. This has resulted in the founding of sixty-three houses in the United States for these unfortunates, and four abroad. Mr. Crittenton is known as an eccentric lay evangelist, and travels around the country in a private car, going into the slums of towns and cities to preach and lead in the work. We know of no more noble monuments than the one he is rearing in his beloved daughter's name—the Florence Crittenton homes.

* * *

What great regard for "principle" these manufacturers of prop. medicines have! The eloquent F. W. Schumacher, of Peruna fame, recently appeared before the House Committee on Temperance of the Ohio Legislature to oppose the Roll bill to tax proprietary medicines containing over 10 per cent. of alcohol. Mr. S. asserted (according to a report in a Columbus paper) that Peruna didn't contain 25 per cent. of alcohol. He was then asked if he would object to the bill if amended to read 25 per cent. instead of 10 per cent.? Oh, yes, he would still oppose it because of the "principle" involved. In the abstract, isn't it un-principled to sell indiscriminately to sick people a preparation containing 25 per cent. of alcohol, without their knowing it? And what did Mr. Schumacher mean when he said: "If you legislate against *commerce*, commerce will find a subterfuge?"

* * *

The death rate among the children in the Hebrew Infant Asylum of New York last year was only 2½ per cent., as compared with a general outside rate of 10 per cent. The New York *Times*, of recent date, commenting commendingly upon this evidence of intelligent care of the young, says: "If these institutions, dealing for the most with the children of poverty and misfortune, can keep all but 2½ per cent. of them alive, a very large responsibility rests upon the loving mothers in better circumstances who lose one out of ten."

He who will not accept orders has no right to give them; he who will not serve has no right to command; he who cannot keep silence has no right to speak.

Examination Questions of the N. Y. Board of Pharmacy, Feb. 1904.

PHARMACEUTICAL CHEMISTRY.

Six specimens are submitted for identification.

Concerning them state the following: a) synonym or common name; b) official title.

The above information is to be written on a special blank furnished for that purpose.

The answers to the following are to be written in the book furnished.

1. Pepsinum. State a) its official source; b) its solubility; c) its digestive power.

2. Pancreatinum. State a) its official source; b) its solubility.

3. Spiritus Ammoniæ. State a) its strength; b) method of preparation.

4. Liquor Calcis. State a) common name; b) substance in solution; c) official method of maintaining strength.

5. Mistura Cretæ. State a) ingredients; b) official directions to secure dispensing unfermented product.

6. Hydrargyrum. State a) chemical symbol; b) atomic weight; c) specific gravity.

7. Give common name of the following: *a*) $2K(SbO)C_4H_4O_6$; *b*) $KNaC_4H_4O_6$; *c*) $Al_2K_2(SO_4)_4$; *d*) $(MgCO_3)_4Mg(OH)_2$.

8. Write chemical name of: a) heavy magnesia; b) salt; c) alcohol; d) nitric acid.

9. Name the halogen elements.

10. Give directions for preparing ferric hydrate.

11. How much zinc oxide can be obtained by heating 100 Gm. zinc carbonate ($ZnCO_3$) Zn=65, C=12, O=16.

12. Define a) radical; b) unsaturated molecule; c) diatomic; d) monoxid.

13. Complete the following equations: *a*) $MnO_2+HCl=$; *b*) $KClO_3+MnO_2=$; *c*) $H_4NCl+Ca(OH)_2=$; *d*) $H_2SO_4+Zn=$

PRACTICAL PHARMACY.

Compound the following:

℞ Chloralis,..... 2.00 Gm.
Camphoræ,..... 2.00 Gm.
Petrolati,.....20.00 Gm.

℞ Camphoræ.....Gr. xxiv
Saponis Pulv.....Gr. iv
Olei Ricini,.....q. s.
Misce ft. Pil. Mo. viii.

℞ Compound Chalk Powder,..20.00 Gm.
Cinnamon Water.....40.00 Cc.
Water, a sufficient quantity to make.....100.00 Cc.

The *first three* questions relate to the *Practical Exercises*:

1. a) Convert quantitiees into apothe- equivalents; b) give details of method of preparation; c) name a liquid in which the ointment is soluble.

2. a) Convert quantities into metric equivalents; b) state how camphor is reduced to a state of fine subdivision.

3. a) Give official title of the preparation; b) give its common name; c) name all constituents of the first ingredient.

4. Percolation. Define the process. Name and illustrate by diagram the kinds of percolators (as regards shape) recognized by the Pharmacopœia. What is meant by the term "Menstruum"? Why are drugs macerated for a definite period prior to the operation of percolation?

5. Fluid Extracts. State in what important particular they differ from Tinctures. Give a brief account of how they are prepared. State whether color or density is a criterion of their strength.

6. Name an excipient and a diluent suitable for the manufacture of Potassium Permanganate Pills. Give two reasons why pills are sometimes coated. Name three substances employed for coating pills. Name twoo official pills which require coating.

7. State difference between Labarraque's Solution and Javelle Water. Which is official?

8. Name three official Spirits which, when mixed with water, form a clear solution.

9. Name an official Iodide which becomes yellow or yellowish-brown on exposure to light and air. Name the substance which causes the coloration and give U. S. P. method for its removal.

10. Name all the official Liquors which contain Arsenic. State in each case in what form Arsenic is present.

11. State per cent. of active constituent in each of the following: a) Spirit of glonoin; b) camphor liniment; c) diluted nitric acid; d) diluted hydrocyanic acid; e) vinegar of opium; f) dilute acetic acid.

12. Define Pharmaceutical Incompatibility and give an example.

13. One part of Potassium Bromide requires 1.60 parts of water at 15° C. for solution. State: a) How many grains of Potassium Bromide one fluid ounce of water, at such temperature, can dissolve; b) per cent. strength of the solution thus obtained.

For INTERPRETATION. COMMENT and CRITICISM:

14. ℞ Plumbi Acetatis.....ʒ i
Tincturæ Opii,.....ʒ ii
Glycerini,.....ʒ ii
Aquæ Destillatæ,.....ʒ vi

15. ℞ Morphinæ Sulph.,.....Gr. vi
Tr. Gent. Comp.,..... ʒ ii
Potassii Bicarb.,..... ʒ iss
Aquæ, q. s..... ʒ iii
Sig. ʒi after each meal.

MATERIA MEDICA.

1. Foxglove. 2. Black Haw. 3. Senega. 4. Bitter Apple. 5. Gentian. 6. Blue Flag. Of the above give botanical name, part or parts employed and active or chief constituents.

7. From what are the following acids obtained: a) Citric; b) Oleic; c) Oxalic; d) Lactic; e) Tannic.

8. Give the official title of a drug belonging to each of the following classes: a) Balsam; b) Gum; c) Reesin d) Oleate; e) Confection.

9. What alkaloids are obtained from each of the following: a) Opium; b) Nux Vomica; c) Henbane; d) Aconite; e) Stramonium.

10. Give the botanical name of five plants which furnish official leaves.

11. Give the three chief organs of vegetation. State the functions of each.

12. Define: a) Stigma; b) Tuber; c) Petal; d) Cortex; e) Rhizome.

13. Give the official title of five drugs containing a free or uncombined element.

14. State the difference between organic or inorganic drugs. Give an official sample of each.

15. What part of the plant do the following represent: a) Matricaria; b) Calendula; c) Hedeoma; d) Geranium; e) Taraxacum.

16. Give the official titles of the following: a) Pinkroot; b) Yellow Dock; c) White Oak Bark; d) Red Precipitate; e) Blue Vitriol.

TOXICOLOGY AND POSOLOGY.

1. Name the official antidote for poisoning by Arsenic. What chemical reaction takes place? How would you identify Arsenic in vomit?

2. What symptoms would lead you to suspect poisoning by Strychnine? Give a chemical test for Strychnine. Give a chemical test for Corrosive Sublimate.

3. Name a vegetable emetic which is unreliable in its action. What emergency treatment should be employed in case it does not produce the desired effect?

4. What emergency treatment should be used for poisoning by Carbolic Acid? How would you identify it other than by sense or smell? If one ounce of Carbolic Acid be diluted with a pint of water and taken at one dose, would its action be fatal? Explain.

5. Name the chemical antidote for Hydrocyanic Acid; for Sugar of Lead; for Nitrate of Silver; for Oxalic Acid; for Morphine; for Iodine.

6. Should oil be used for poisoning by Phosphorus? When should the use of a stomach pump be avoided? Give an example. What trace of poison may Subnitrate of Bismuth contain?

7. Give outline of the law concerning the sale of poisons in Section 198 of the N. Y. State Pharmacy Law.

8. Name three mineral and three vegetable emetics, with the emetic dose of each. Name four demulcents.

9. Define Antagonist, Cumulative Poison, Narcotic, Ptomain. Minimum dose. Maximum dose.

10. Name a poison in poisoning by which an emetic should not be given and another in poisoning by which water should not be administered. Explain. Does the combining of two poisons destroy their power or action?

11. What is the dose of Acetanilid, Croton Oil, Donovan's Solution, Potassium Chlorate?

11. What is the dose of Acetainlid, Ammonium Carbonate, Arsenous Acid, Atropine Sulphate?

13. What is the dose of Aromatic Spirit of Ammonia, Compound Spirit of Ether, Tincture of Hyoscyamus, Tincture of Iodine?

14. What is the dose of Ferrous Sulphate, Ichthyol, Potassium Bromide, Wine of Colchicum Root?

15. What is the dose of Mercurous Chloride? Extract of Nux Vomica, Podophyllin, Sodium Phosphate?

Literary Corner.

J. W. BRANDEIS, D.M., M.D.

In a recent number of the *Century Magazine*, Prof. Thorndike, of Columbia University, undertakes to estimate the relative proportion of scholarly men attracted to each of the leading professions, viz., Law, Ministry, Medicine, and Teaching. His results are interesting. His conclusions, deduced therefrom, concerning the intellectual force of the medical profession, are remarkable.

He defines a scholarly man as "one who has the ability to acquire and think about knowledge, and who puts that ability in action," and assumes as an equivalent a graduate of a university elected to Phi Beta Kappa membership. He studies the careers of 5,283 men—or 5,284, to make allowance for the author possibly being in error—from the graduating classes of representative colleges between the years 1840 and 1895. From this he tells us:

Law has received, during that period, a percentage of Phi Beta Kappa men varying roughly between 9 per cent. and 22 per cent.; sometimes reaching the higher, sometimes approaching the lower number.

The Clergy has claimed, as her share, a percentage which has shrunk from a maximum of 38 per cent. from 1840 to 1849 to a minimum of 14 per cent. from 1890 to 1894.

Teaching has, on the contrary, expanded her strength by an increase of this material represented by a jump from 9.4 per cent. from 1840 to 1844 to 25.5 per cent. between 1885 and 1895.

And last and least of all, Medicine! "Medicine has not been a popular profession with scholarly graduates," quoting the author. It has attracted but an average of 5 per cent. of Phi Beta Kappas between 1840 and 1885, and about 7 per cent. between 1885 and 1894.

Of graduates between 1895 and 1900, the catalogue shows that 15 per cent. of Phi Beta Kappa men entered the Ministry, 2 per cent. Medicine, 15 per cent. Law, and 24 per cent. became Teachers.

So much for his results. Now, what of his conclusions as regards Medicine.

"Medicine," he says, "seems from our figures, *as indeed it must seem to wise observers of individual cases*, to get a smaller proportion of scholarly men than its need demands or its opportunities invite. * * * * It is certainly to be hoped that medical practice will pass more and more out of the hands of *ambitious drug clerks and undisciplined youth*, into the hands of careful and broad-minded thinkers"—like the professor himself, one feels like adding!

What his figures show, we regret. What his remarks insinuate as to the intellectual limitations of the present-day doctor, we deny. Why, then, it may be asked, does not a greater percentage of these men enter medicine? We shall answer as follows:

Because of the greater cost of an education in medicine, extending as it does over a longer period than a preparation for any other profession.

Because, while teaching offers immediate employment, the ministry provides a more or less comfortable berth at once; while law will lend opportunity so long as people will pay more readily for preservation of property than for preservation of life. In medicine, on the other hand, success can only be won by steady, forcible, honorable effort. And to such a profession, we feel sure, a poorly-equipped class of men is not likely to be drawn!

The last issue of *Leslie's Magazine* presents an article entitled, "Does it Pay to be a Doctor?" It is by a man who understands and appreciates the doctor and his work. We learn—if we do not know it already—that the pleasure and satisfaction of having accomplished much good is the doctor's greatest reward. The estimate of $750.00 per annum as the average income of the profession in the United States, might shed additional light on the question discussed above.

The same number of *Leslie's* contains a story by a doctor—Dr. A. C. Seeley—called "A Case in Surgery." Perhaps the greatest compliment that can be paid the author is to say that it reminds us of Bret Harte. A story pathetic and fascinating in the extreme, and that without the introduction of a single female—excepting a mare; moreover, a story in which each one of the half-dozen men is a type of strength, faithfulness and tender-heartedness combined.

Some time ago a prominent practitioner of this city was unlucky enuf secure the performance of a play written by him at a New York theatre. The outcome was so appalling that the author felt constrained to step before the curtain to promise the audience "never to do it again!"

The occurrence serves to point a truth—the failure, or, rather, perhaps, the absence of the physician in literature. If we turn to a perusal of the authors of to-day, we find very few physicians as prominent contributors to English or American literature—Doyle in England and Mitchell in America are perhaps the only two emblazoned on the tablet of enduring fame. Then, if we hark back to the annals of other days, to learn the names of the medical men distinguished in this direction we need not tarry long. Locke, Browne, Charlton, Garth, Blackmore, Corbuthnot, Akenside, Smollett, Armstrong, Goldsmith, Wolcot and Crabbe in England, and Holmes, Ramsay and Draper, in America, complete a list which happily includes some brilliant names.

Why is it that the medical man, who of all persons has the best chance to study the whims and fancies, the fads and follies, the habits and characteristics, the emotions and passions, the pleasures and pains of the human race, has the least to say on the subject? Why is it that his clerk, at his desk, can better depict the tortures of the wounded in war than the surgeon who has languished beside the sufferer's cot?

Why can the minister write of love, the lawyer of morals, the soldier of every-day life, the tradesman of war, the the teacher of romance, and the doctor, who combines a knowledge of all phases of life, as a rule, nothing at all?

Why? Who shall answer?

The object of the CRITIC AND GUIDE is not criticism *per se*, but criticism with a view to elevation. In that this small department trusts to assist. We hope to print, from time to time, stanzas and poems contributed by doctors and druggists. Until our readers send us something nearly as good, we shall be obliged to present something old.

EXTRACT FROM A POEM

How sweet his fireside when the day
done
And cares have vanished with the s
ting sun!
Evening at last its hour of resp
brings,
And on his couch his weary length
flings.
Soft be thy pillow, servant of manki
Lulled by an opiate art could ne
find;
Sweet be thy slumber—thou h
earned it well,—
Pleasant thy dreams! Clang! goes
midnight bell!
Darkness and storm! the home is
away
That waits his coming ere the break
day;
The snow-clad pines their wintry p
mage toss,—
Doubtful the frozen stream his r
must cross;
Deep lie the drifts, the slanted he
have shut
The hardy woodman in his mount
hut,—
Why should thy softer frame the te
pest brave?
Hast thou no life, no health, to lose
save?
Look! read the answer in his pati
eyes,—
For him no other voice when suffer
cries;
Deaf to the gale that all around h
blows,
A feeble whisper calls him,—and
goes.

About 150 people gathered last ni
—March 9—to celebrate the fifth
niversary of the wedding of Dr. and M
A.L.Goldwater. It was a most enjoya
affair and—I could write more, but
forms are all made up, and this is
only space left.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what the wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.
The Editor is responsible for his own opinions only. He always tells the Truth, or what he consider to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. III. APRIL 1904. No. 4.

PHYSICIANS WITH PENS AND SOULS FOR SALE.

It is time that the CRITIC AND GUIDE turn on its searchlight on a certain class of physicians who are disgracing the profession of medicine, who prostitute medical journalism, and throw confusion into the most important branch of medicine—therapeutics. I refer to that contemptible class of mercenary writers who make it a business to prepare "write-ups" for various proprietary medicines. Very few people know the utter meanness, the utter lack of self-respect, the deep mendacity and venality of those writers. They constantly importune the manufacturers, offering them laudatory papers on their products, and if one manufacturer refuses the paper, the "writer" merely scratches out the name of the product, substitutes another name, and sends the paper to another manufacturer. The impudence and ignorance of some of these writers is astounding. I saw once a paper by such a writer, in which the writer stated that he prescribed a certain preparation in ten-grain powders. That fool writer didn't even go to the trouble to find out the physical characteristics of the preparation, which was a liquid! Another truthful writer offered a highly laudatory report on a certain anti-malarial preparation. He reported the results of fifty cases treated with uniform success. The paper bore the ear-marks of fraud so plainly that it was returned to the writer with thanks. Two weeks later that *same* paper appeared in the author's own journal (that writer is an editor, too!), but the name of the drug was changed to the proprietary preparation of another manufacturer! And here is

another case. A paper was received dealing with the excellent results obtained from Vin Mariani. Wherever the name was, there seemed to be an erasure. On holding the paper to the light, it was noticed that the words "Gude's Pepto-Mangan" were there originally. The paper apparently having been refused by the manufacturers of the latter preparation, that medical liar thought of palming it off on some other firm. Those are the common cheap frauds. There is a higher class, but the difference is one of degree and not of kind. They do not write up many products, their papers have a scientific flavor, they have to be approached with tact, and they get higher prices. But that is all the difference. Some of these not over-scrupulous writers occupy chairs in colleges, and even pose (and are by some so considered) as leaders of the profession.

I hope I will not be misunderstood. I am not at all opposed to writing up one's experiences with new proprietary remedies. On the contrary, I think that the physician who obtains excellent results with some remedy and does not report them is as derelict in his duty to our profession as the one who fails to report untoward effects. Not to write articles on new remedies is to seriously block progress in therapeutics. But the articles must be genuine, honest experiences of careful men. And such articles should be welcomed. It is the dishonest, fraudulent, shaken-out-of-the-sleeve reports of medical fakirs that I object to, and their authors should be led to the public whipping-post.

SHOULD TEACHERS AND TRUSTEES OF COLLEGES BE MEMBERS OF BOARDS OF PHARMACY?

I wish to discuss the question in a calm, impersonal, unbiased manner. This question is now very much *à propos* in view of the fact that two members are to be elected next June on the New York Board. To argue the matter in detail, is hardly worth while. The thing is so self-apparent, that nobody has yet had the hardihood to come out with a defense of the proposition that a paid private teacher may with propriety be the State examiner of his own students. That this impropriety is recognized will be seen by examining the ordinances and by-laws regulating the examining boards in other professions. In the law regulating the State Board of Dental Examiners, for instance, there is a distinct clause reading: "Nor shall any person connected with a dental school as professor, trustee, or instructor be eligible to such

appointment" (as examiner). Ordinance 46 of the revised ordinances and by-laws of the University of the State of New York reads: "No one shall be appointed as a university examiner in any test for which licenses to practice are issued, who has any official connection with an institution which prepares candidates for such examinations."

Why should pharmacy be an exception? I will not discuss the ugly rumors, that *will* not down, of the aid given to college students beforehand by the examiners. Let us assume that there is no truth whatsoever in these rumors. Why should there be any grounds, any plausibility for such rumors? It does not look well ,and it has as demoralizing effect on pharmacy. Of course, those who are now on the board should be permitted to serve their terms, but for the new elections candidates should be elected who are entirely free from any college alliance. For a college man to seek a board nomination *does not look nice,* it looks suspicious. And I hope, gentlemen—I refer to Mr. Anderson, Mr. Tuthill and Mr. Kahn—that you will have enuf perspicacity to see the unwisdom of desiring such nomination, and enuf self-respect to firmly refuse it if thrust upon you.

I do not, gentlemen, in the very least discuss your personality. Your personal qualifications may be above reproach. You may make ideal examiners. But public welfare demands the absolute separation of the Colleges from the Boards of Pharmacy —and Lead Us Not Into Temptation is still a good prayer.

THE DRUG STORE WINDOW.

And even if this editorial should cost me five hundred subscribers, I cannot help saying that the displays in the windows of many drug stores make me sick and fill me with disgust. I firmly believe, and I am confirmed in my belief by the expressions and letters of many physicians, that the drug-store window—that window many pharmaceutical journals and shallow-brained writers devote so much space to—plays an important part in that disdain with which the medical profession and the intelligent public are beginning to look upon the profession of pharmacy. Let us briefly consider a few of the displays which I have noticed and jotted down. No. 1. One-window store. Entire window filled with toilet paper. Very esthetic, very professional and very inspiring. No. 2. Entire window filled with hair-soles. Prevent rheumatism. Only 10c. a pair. "I didn't know," told me a re-

cently arrived Frenchman, "that in this country shoemakers could sell drugs." "Nor can they, but there is no law against druggists selling shoes," I replied. No. 3. One window all filled with Duffy's Malt Whiskey and Warner's Unsafe Cure, the other window with a hanging tooth-brush display. No. 4. One window entirely covered with a display of Palmo Nerve tablets (an arrant humbug, "restoring" everything), and the other with Paine's Celery Compound and with signs all over, reading: "We recommend Paine's Celery Compound!" No. 5. Window filled with toilet paper and with suspensory bandages. No. 6. A woman standing in the window and demonstrating the non-inflammability of carbona. Not so bad. No. 7. One window occupied with a display of orangeine, the others with numerous big and little frogs (Frog in Your Throat). No. 8. The worst of all. A fakir, of the dime museum variety, with very long hair, sitting in the window and praising the virtues of some hair restorer. And so I could go on indefinitely. Well, friends, do you expect such displays to increase the public respect for you? I know you have to handle all those things (unfortunately), but why push them to the front? Keep them in the background and hand them out when they are called for. But do not make us believe that your window displays represent your intellectual and professional level. Or do you really expect that the public's confidence in your abilities will be increased by a contemplation of toilet paper and suspensory bandages in your windows?

Displays in the windows are useful, but make them decent, respectable, make them of such character as would differentiate you in the public's eye from the common tradesman. Above all, in the name of heaven, do not lend your windows for the pushing of such dirty patent medicines as Peruna, Warner's Safe Cure, Duffy's Malt Whiskey, etc.! You are killing your profession by so doing.

POOR EDITOR.

There is a journal called *The Toledo Medical and Surgical Reporter.* The journal does not amount to much, but its editor got into trouble, and we herewith extend him our sympathies. The editor was absent—he says so and we must believe him—and during his absence an article crept in denouncing wholesale all proprietary remedies. We have been unable to obtain a copy of that issue, because the editor—so he tells us—as soon as he came home, and his attention was called to that article, took all the remaining copies and made a bonfire of them. But he did something more—he made a fool of himself. He wrote to the advertisers in a most abject apologetic manner, humiliating himself unnecessarily and promising that "it would never occur again." And in the February issue appears the following beautifully

worded explanation: "While to the most of our readers it will seem unnecessary, still, in order to make our position understood, we will most emphatically deny endorsing or upholding the opinions of one of our contributors who indulged in a wholesale denunciation of proprietary preparations. We have prescribed and dispensed proprietary preparations for many years, and hope to be able to do so for some time to come." Poor editor!

THE DAILY MEDICAL.

A good editorial spoiled. I had written a "good one," showing idiocy and absurdity of attempting a daily medical journal. I showed the utter ridiculousness of such an undertaking. I pointed out that there was absolutely no use for such a paper. Medical discoveries did not come so thick and fast, as to make it impossible to wait for the weekly journals. The whole thing was a foolish, hopeless scheme to make money. I predicted its speedy death. But in the meantime the journal gave up the ghost—even much quicker than I expected. And so my good editorial had to go to the waste-basket. All I can say now, is:

If you were so soon to be done for,
What were you begun for?

DISCHARGED HELP.

Elbert Hubbard has something very good to say about discharged employés in the current issue of the Philistine. Elbert is often wrong, but he is many more times right than he is wrong, and I fully agree with him, that employés discharged or asked to resign for growing incompetence and laziness, or for cheating and grafting, do not make creditable witnesses.

And as to the meanness of employés, who have been raised out of the mud, saved from starvation, made men of by their employers, and then after gaining a comfortable position, turned their hand against their benefactors — of this I also hold very decided opinions. I expressed them in my editorial on Gratitude in the December issue of the CRITIC & GUIDE.

LOOK OUT FOR NEXT ISSUE.

The ovoferrin manufacturers, stung by my editorial, have come out with a scurillous letter and circular in which, while calling the CRITIC & GUIDE yellow, they involuntarily admit the correctness of every one of my statements. An answer to that letter and circular will appear in the next issue.

WARNING!

☞**Things are again getting "rotten". The Editor warns everybody concerned that he will no longer remain silent, but will help to put in prison anybody giving or receiving advance examination questions. The examinations are fair and everybody CAN and MUST pass them "on merit"!**

PERSONAL EXPERIENCES IN ANGINA PECTORIS.

By M. B. Smith, M.D.

As practising physicians we see many cases of incurable or serious disease living in comparative happiness because of ignorance of their true condition. Often the saddest thing in a physician's experience is to see a brother practitioner stricken down with some disease which he realizes must end fatally. It is one of the unfortunate sides of a physician's knowledge.

Curiously enough, however, much of the medical knowledge of the day has come from the work of physicians on their own cases, or from the impetus they have received from the fact that they were sufferers from certain diseases. It is a well-known fact that diseases have lain undiscovered and unsuspected until diagnosed rightly by some suffering physician. An excellent illustration of this fact is seen in the case of so-called "hay-fever" or "autumnal catarrh," which was first described by Dr. John Bostock in 1819 in the tenth and fourteenth volumes of the Medico-chirurgical Transactions under the name of "autumnal catarrh." Bostock, attracted to this disease by his own sufferings, collected twenty-eight similar cases, ten in his own observation, and from these reports arose the conception of a new disease or condition. Again, in this same disease, Dr. Morrill Wyman, professor of theory and practice of medicine in Harvard University, described in 1854 another form of catarrhal trouble occurring in the spring which he termed "rose cold" or "June cold," which seemed to him different from the "hay cold" or "hay fever." Nowadays the profession is inclined to believe that these divisions are superfluous.

Cases are on record where physicians have diagnosed their own diseases, even in such insidious mental conditions as paresis. Chase in his recent work on "General Paresis" cites a case where a physician decided correctly that he had paresis, only to lose later his conception of his own case in the deterioration occurring in this disease. Haussman, a German physician, a few years ago described his sensations and experiences occurring during an attack of diphtheria, and especially during the diphtheritic palsy which happened to follow in his case.

Coming to heart cases, we find many illustrations—one of the most famous is that of Dr. Hiram Corson, of Conshohocken, Pennsylvania, who practised over sixty years in the hardest sort of country for exposed work, and who suffered all this time from attacks of what was diagnosed by Professor Horatio C. Wood as "cardiac nerve storms." Despite these attacks Dr. Corson lived to a very ripe old age, as the writer can testify. I spent a day with Dr. Corson after he had been in practice sixty years, and his vigor, both mental and physical, was far above the average of the men half his age. He drove down the steep hills of

his region with the utmost recklessness; or rather he allowed his horse to run down, for he threw the reins on the floor of his buggy, and, laughing at my expression of alarm, said he spent his hours in his carriage reading, allowing his horse to depend on his own agility to save his neck and that of his master. It seemed to be a good plan, for Corson did it for sixty years, and finally died in bed.

I wish to describe my own experience in angina pectoris, as I believe it will be useful to many practitioners, for the text-books do not give details enough to cover these cases intelligently. John Hunter, a sufferer from this disease, was wont to say, "My life is in the hands of any rascal who chooses to annoy and tease me," and he subsequently died during a fit of anger.

Of course, we must realize at the outset that angina pectoris is only a symptom, as dropsy is a symptom, and due to many varying causes. There are many morbid conditions of the heart and vessels which will produce angina. Generally these conditions are associated with sclerosis of the root of the aorta and changes in the coronary arteries. Osler believes that true angina is a rare disease, but such has not been my own experience.

Again, it is a disease of adult life, occurring generally in men. Huchard collected two hundred and thirty-seven cases, of which only forty-two were women; while in a series of Osler's cases of forty only one was a woman. Angina, according to the text-books, comes on frequently following exertion, such as walking up-hill, or sudden muscular effort. In my experience it is far more apt to come on owing to a long-continued strain, which in itself may seem slight. I will cite an instance to illustrate my point. A well-known man, apparently in superb health, suffered from angina severely. He was under care of his physician for years, and lived a quiet life, but undoubtedly the angina was due to an exciting tragedy in which he had figured some years before, during which he was under prolonged mental strain. Staying one summer in the country, he had several slight attacks of angina, and consulted with a country practitioner about the advisability of driving to town, a distance of ten miles. The country doctor, looking at his magnificent physique, at once advised it would be perfectly proper. He examined the patient's heart, and to him the story of angina seemed a myth. The man drove to town with a peculiarly hard-mouthed horse, and on reaching his door-step, tumbled over dead. Undoubtedly the steady strain for two hours threw the heart and its arteries into such a spasm that it quenched the man's life. If he had stayed quietly in the country until the attack was over, he might have lived indefinitely. The country physician, on hearing the result of his advice, was astounded. He said at once: "I have practised for thirty years, and I will acknowledge I know nothing about angina; the man seemed in superb health; there was no heart lesion; his appear-

ance was calm, his heart-beat steady and quiet, and it looked to me like a man who was simply a little nervous over nothing."

Again, violent sustained work coupled with mental anxiety is peculiarly liable to produce angina; I have found that many old football players have the disease. The exertion and the anxiety work together with dire results. Latham makes a distinction in the paroxysm; the pain or *dolor pectoris,* and the indescribable feeling of anguish and sense of imminent dissolution—*augor animi.* The pain may be of any sort at all, sometimes radiating up the neck and down the arm, with numbness of the fingers. Generally it is a sensation as if steel fingers were clutching the heart, as is somewhat graphically pictured in advertisements in the medical journals. This paroxysm may be so short that it seems like a flash of electricity, or it may last a minute or two. It is in the latter cases that the sense of death is generally imminent. While there is great lestlessness, there is also curiously a great longing for intense quiet of body and mind; the patient hates to see or hear bustle or confusion. A feeling of exhaustion or even collapse follows, lasting even several days. Head and Mackenzie have tried to study the radiation of this pain, and conclude that in diseases of the heart, and more particularly in aortic disease, the pain is referred along the first, second, third, and fourth dorsal areas, while in angina it is referred along the fifth, sixth, seventh, and even eighth and ninth dorsal areas.

There are many theories as to the cause of this pain. Some believe that there is a true neuralgia of the cardiac nerves. The sudden cramp-like character of the pain and the suddenness of the attack are not especially like neuralgia elsewhere. Other authorities think it is a cramp of the heart muscle itself, or that it may be due to the extreme tension of the ventricular walls associated with sclerosis of the coronary arteries. The "Allen Burns" theory is that the condition is one of transient ischemia of the heart muscle in consequence of disease or spasm of the coronary arteries.

I will now take up my own experiences in the disease. In the first place I have no drug or no treatment that seems to be of value in the disease. Years ago I tried the use of nitrite of amyl as originally advised by Lauder Brunton. In my case it made me feel ten thousand times worse; the pain may have been relieved, but there was a sense of impending death which the drug made worse, and a fulness of the head that was simply terrifying. I have found the attacks went off as well without the drops as with them, so I speedily rejected this form of treatment. There is a relaxation of the heart and its contractions brought about by nitrite of amyl that seems to me almost as dangerous as the opposite condition. I then tried other drugs and other treatments, but practically they were *nil* in their results.

Hence I am forced to this conclusion: *the way to treat angina pectoris is to make the patient live in such a manner that the pos-*

sibility of the attacks is decreased. I believe no drug or treatment does much for the attack; therefore when you have a sufferer from angina under your care, it does not pay to temporize. Get that patient into a method of life that will help ward off these attacks. What do the statistics of Huchard and Osler show, with practically no women in their lists? It means that angina is due to anxiety and strain. It is an expression of "strenuous life," so widely advertised and advocated by our writers of the day.

As a rule you will find these sufferers are busy business men with heavy anxieties; those strains must be removed. The utmost objection will be made at once by these men: "We can't stop;" "We have families to support;" "We'll stop next year," etc. It will not do; your patient must lead a quiet, comfortable life, getting plenty of sleep, good food, and exercise. It is here that golf I believe is of use; many men have found it has cleared their brains, stimulated their hearts, and removed anxieties. This seems a simple thing to do, to remove a patient from his sources of trouble; but it will tax the courage, the ingenuity, and the honesty of any practitioner. I say honesty, for it is so much easier to shut our eyes and let things go on as they are.

There is another feature which I have seen mentioned in no text-book or article on angina. It is that angina changes the character of its victim: for example, instinctively such a man will avoid the things which produce these symptoms until it will change a combative man into the veriest coward. I have found that anger or indignation is my especial *bête noire,* and I have gone far out of my way to avoid unpleasant people, unpleasant sights, or unpleasant duties. I have let things pass that I should have taken up because I knew it would produce angina. Even the envelope of a letter which may contain unpleasant news I hate to see. I find that I must avoid strain and strenuosity, and it has been a great detriment to my progress, for it may convince my neighbors that I am sleepy or unprogressive. But in this way I have cut down my attacks of angina in fifteen years so markedly that I never now have more than rumblings of the disease, having had no real attack for several years. Fifteen years ago I had them frequently, some of them being so bad that I could not lie down, but was propped up in bed with anxious-eyed watchers around. Now I would pass muster in any physical examination, and am considered by every one to be in perfect health.

I avoid the people who irritate and annoy me; I cultivate those who stimulate me pleasantly; it is absolutely vital. I haev been compelled to give up surgical work, for several times angina came on during operations; and I have found obstetrical work very bad for me. This may be different from other cases; I am citing simply my own.

Another phase angina has produced in me is that of temper. As I have said, I will go miles to get out of the way of unpleasant

people, but in the past I have found it occasionally impossible. Then, realizing that I was in for an attack of angina, I have felt so outraged that any one would jeopardize my life, even unwittingly, my anger has been excessive. I have surprised greatly every one who has had any unpleasantness with me by my vigor when aroused. I do not seem to be able to control this; my reasoning powers are opposed to it, but it seems as if the paroxysms which come on at this time produce a state of almost delirious excitement. Afterward I react terribly, and am unfit for work for a week at least. I had no experiences before angina developed, and in the past few years have been able to control such feelings better, largely by avoidance of sources of annoyance.

I believe that a case of angina pectoris caught early in its progress can be indefinitely held up by careful coöperation of patient and physician by such treatment as I have outlined. After fifteen years in the condition, I am in a thousand times better shape by the simple use of a definite plan.

In closing I would only say one word as to rest. I am a great believer in the theory that our bodies are after all only storage batteries containing a certain amount of force. This can be used up slowly or quickly. Dr. Wm. Pepper died at fifty-six after having done a life's work which he might have prolonged to seventy-five or eighty. And by rest I mean rest in the recumbent position. Lying down, the heart's work is simpler and easier, and this in seventy years may be a great factor. Rest as much in the recumbent position as possible during the day.

Surely my treatment of my own case has been a success. I would rather be alive and live along quietly and unassumingly than be dead, with a big notice in the Journal of the American Medical Association. [*Med. Age.*]

THE INHUMANITY OF REFUSING THE PARTURIENT WOMAN THE BOON OF ANESTHESIA.

By I. A. Shirley, M. D.

That a paper on the above subject in this enlightened age, at the threshold of the twentieth century, when every reputable text-book on obstetrics that has been published within the last twenty-five years without exception recommends the use of anesthesia in certain stages and to some degree in all labors, should be necessary, seems at first glance an absurdity. And yet notwithstandig all that has been written, taught, and said in books, colleges, and medical societies, the astounding fact remains that there are a goodly number of otherwise excellent practitioners who on account of personal timidity or some will-o'-the-wisp fad positively refuse the bearers of children in their travail the labor-saving, the pain-saving vouchsafed to them by the proper use of anesthesia. These men, too, who can not be accused of indifference to human suffering, and especially to the woman in

childbirth, but who refuse to offer her the aid found only in anesthetics, as an excuse for their cowardice tell us with hands raised in holy horror that to do anything to mitigate her pain would be a violation of the Scripture, that says "In pain shall she bring forth." But remember, my dear fellow, you who will not even for the sake of suffering wife, mother, or daughter under any circumstance violate Holy Writ, that at the time the Divine Scribe penned the above, thousands of years ago, he doubtless had not counted on the Massachusetts Yankee discovering a real blessing to alleviate the pangs of child-birth; writing at his time nothing possible could be done; now, two thousand years later, it is entirely different.

And again, these self-same medical philanthropists, who sit idly by whittling sticks, smoking their cob-pipes, or telling big yarns while the poor woman almost wears her life out, begging and pleading in vain for help when it could be readily given, would not even so much as have a tooth pulled or a felon lanced without crying out in the very agony of their souls, "Give me something, and oh! give it quick, for this pain will surely kill me!" Away with these boasted humanitarians, who like whitened sepuchers are full of rottenness and dead men's bones, which is abundantly proven by their hypocritical cry of "I am the suffering woman's friend!" while allowing her to labor in the agony of agonies without raising a finger to help her; and then in a moment of "baby pain" experienced by themselves demand in thunderous tones help of every kind and lots of it, and that, too, in the thousandth part of a second. Just think of it; a competent physician of a mountain country recently told me that he had done an evisceration, removing the fetus piecemeal, without giving the poor woman o whiff of anything; her suffering under the circumstances can better be imagined than described.

The effort on the part of some practitioners to gain for themselves a reputation for conducting painless labor by overwhelming the patient with the anesthetic is to be condemned, along with the practice of withholding it entirely. This on the one hand, and no anesthetic at all on the other, is what we are fighting against, and is, in fact, the cause of inflicting you with this paper. Of course, when an operation of any magnitude, such as version, especially podalic, is to be done, surgical anesthesia is absolutely indispensable.

Therefore, to keep in the middle of the road, giving chloroform or ether to an obstetrical degree in ordinary cases, in all cases in fact that are not so mild as to be uncomplainingly bearable—and by obstetrical degree I mean to the extent of mitigating the severity of the pain so that a woman can bear it with comparative comfort—given at the beginning of a pain, generally at

the completion of the first stage of labor, and avoiding the other extreme of drowning her with it, is what I, in the name of humanity and in behalf of suffering parturiency, am contending.

But says one, "Don't the uterine contractions materially lessen in power and frequency when you give an anesthetic?" Yes, I admit that such is usually the case at the beginning, but by partially withdrawing it for a brief time, or continuing it in diminished amount for awhile, until confidence is restored, all will be well, and usually the labor will go on with increased force and vigor. Give an anesthetic one time to a parturient woman, and she will surely beg for it again at each subsequent accouchement. A Schimmelbusch frame with covering and drop-bottle, with a supply of Squibb's chloroform, occupy a conspicuous place in my obstetric bag, and without them I consider my armamentarium would be very incomplete.

The period will arrive in the history of medicine when every physician who sits idly by while his parturient patient is suffering most excruciating pain unaided, when he could make her comparatively comfortable and the labor far more endurable, but will not, will deservedly be relegated to medical oblivion, or kicked out of the lying-in chamber forever, with the deserved opprobium, "Depart from me, ye hard-hearted counterfeit of the obstetric art, forever."

THE TREATMENT OF GALLSTONES.

By Prof. Wm. H. Thomson.

The following is an outline of Prof. Thomson's treatment of cholelithiasis or biliary calculi.

The first aim of treatment, he says, should be to prevent bacterial infection from the intestines. Chronic constipation is one of the commonest conditions which favor such infection, and, accordingly, we find that sufferers from cholelithiasis are also in most cases victims of chronic constipation. This further accounts for the large percentage of women subject to gallstones.

For this reason Carlsbad salt and other salines are so valuable in treating biliary calculi. The salts help to remove the mucus from the intestinal walls and produce regular evacuations. It is advisable to alternate the various saline laxatives, giving 2 dr. of sodium sulphate, or sodium phosphate, or Carlsbad salt, in a glass of hot water on rising in the morning, and changing the saline every few days. A prolonged effect is thus insured. The author advises the addition of 10 grn. of sodium salicylate to the morning saline dose. Once or twice a week a mercurial laxative is ordered at night for purposes of intestinal antisepsis. In elderly patients, castor oil often acts better than anything else; and

a trial is justified when mercurials cause more than a day's discomfort.

The best cholagogues are sodium salicylate and sodium benzoate. They are advantageously given in combination over prolonged periods in doses of 10 grn. each, one hour after meals, in capsules or in solution, to be taken with Vichy water. In old persons with weak hearts and thickened arteries 4 to 5 grn. of sodium iodide for a good addition. Hoffmann's anodyne and spirit of chloroform are also efficient, but are often badly tolerated.

The most efficient agent against gallstones is olive oil, if properly administered. The rationale of its action becomes clear when we consider that oils are very potent in producing a watery flow from mucous membranes, whether taken internally or locally applied. Herein lies the explanation of the time-honored custom of mothers to grease the nostrils of children suffering from a "cold in the head." A teaspoonful of olive oil held in the mouth is the best sialagogue. Taken internally, the oil is absorbed into the blood and passes out by different mucous tracts, stimulating an abundant flow of watery secretions. This is well illustrated in the action of castor oil in colitis. It is even inadvisable to give castor oil to infants with bronchitis, for the increased secretion may block the bronchial tubes. On the other hand, in the bronchitis of older children and adults, an emulsion of linseed oil is the most efficacious remedy.

Now, as to the action of olive oil in cholelithiasis. In the first place, it is a food oil, and, taken in small quantities, does not derange the stomach. It passes into the duodenum and excites here the flow of the normal secretions; that is, bile, pancreatic juice, and the secretions of Brunner's glands. But for this purpose no more than 1 to 2 oz. is required, because an increased secretion below the duodenum is not indicated.

The oil is best taken in a cup of hot milk at night, the milk greatly aiding the stomach in tolerating the oil. Patients with cholelithiasis take this dose for ten consecutive nights, then make a pause of about a week, and resume the remedy for ten more doses. Experience has demonstrated the efficiency of this treatment beyond all doubt. Immediate relief does not follow, however, but a progressive amelioration of symptoms. The treatment outlined generally requires from two weeks to four months to effect a cure.

The gastric disturbances accompanying cholelithiasis call for a careful regulation of diet. All indigestible foods, especially fried articles, sweets, etc., are to be avoided. Medicinally, a pill of $^1/_{20}$ grn. of potassium bichromate half an hour before meals, with 5 grn. of resorcin in solution half an hour after meals, are useful in this subacute gastritis.

THERAPEUTIC USES OF THE BENZOIN PREPARATIONS.

By Prof. H. R. Coston, M.D., Birmingham Ala.

I shall only consider those preparations of benzoin with which I have had personal experience. These are the tincture of benzoin, the compound tincture of benzoin, benzoic acid, benzoate of lithium, benzoate of ammonium, benzoate of sodium, benzoate of lithium is used by me more than any other. It is the benzoic acid present which gives utility to all of the preparations. Benzoic acid is excreted chiefly by the kidneys, principally as hippuric acid; a portion of it, however, as benzoic acid. Small quantities are excreted by the respiratory mucosa, and traces of it may be found in the saliva and in the perspiration. These preparations are antiseptic, antipyretic, analgesic, diaphoretic, and diuretic.

According to Brunton, a solution of 1 to 1000 of benzoic acid prevents the development of bacteria, and a solution of 4 to 1000 kills them.

They arrest putrefaction, cause an increase of the secretion from the respiratory mucosa, act as alteratives by virtue of their diaphoretic and diuretic qualities, and, greatest of all, render the urine sterile and acid, dissolve phosphatic and uratic concretions, and allay the pains in the bladder due to chronic or acute cystitis with alkaline urine. They are used internally and externally.

Local Uses.—An incised wound in healthy tissue sealed with compound tincture of benzoin heals by first intention. Bryant uses it in preference to any other occlusive dressing.

Either the tincture, or the acid or its bismuth salt, may be used with excellent results on cracked nipples, granulating surfaces, bed sores, chapped hands, anal fissure; and for the secondary period of frost-bite it would be difficult to find a better application.

Chronic forms of eczema are benefited by painting them with the tincture or dusting with the benzoate of bismuth. Chancres and chancroids heal rapidly when dressed with aristol and benzoate of bismuth, one part to four. After cleansing suppurating buboes with hydrogen peroxide and thoroly drying them, they may be packed with the same powder, with excellent results. Scrofulous skin lesions heal rapidly under a dressing of benzoic acid and oxide of zinc, equal parts.

In country practice some years ago I often saw cases of suppuration between the toes in barefoot boys who were out in the dew-laden grass early and late; they called the affection "dew-poison." It is accompanied with great itching, some pain, and suppuration, and is evidently an infection of the superficial layers of the skin through an abrasion of the cuticle. It heals rapidly by the use of benzoate of bismuth.

"Liver spots" will be removed by the use of the following:

Tr. Benz. Comp.	℥ jss
Hydrarg. Chlor. Corros.	℈ j
Aquæ Coloniensis, ad	℥ viij

Apply twice a day.

I have used it in many cases.

For foul-smelling ulcers I know of no better dressing than benzoic acid or its bismuth salt. The sore should be well cleansed and dried, when it may be covered with the powder and bandaged under cotton. Usually the ulcers will be found improved at the next dressing.

Bartholow says that benzoic acid destroys the bacillus of diphtheria. Of this I cannot speak personally, but I do know that I have seen very sore throats greatly improved by the acid in solution or the tincture applied locally. The tincture cannot be used in a spray because it clogs the tips, but the vapor may be inhaled by placing half an ounce in a pitcher of hot water and enveloping the head and face and pitcher with a sheet or large towel. Used thus it is very useful in acute or chronic laryngitis or bronchitis, and especially so in the bronchorrhea often seen in the aged, with offensive sputum.

Internally.—The great indication for the internal use of the benzoates is ammoniacal urine. They change the reaction from alkaline to acid, and destroy the odor in twenty-four to forty-eight hours. A large part being excreted by the kidneys as benzoic acid, they stimulate the vesical mucosa to a more healthy action, and relieve the cystitis which is always present if the case is of long standing. Some prefer the ammonium salt. Whichever of the salts (or the acid) is used is of little importance, provided the stomach receives it kindly. The good work is accomplished by converting the insoluble urates, phosphates, and uric acid into the more soluble hippurates. The urine is rendered less septic, or becomes really antiseptic.

In cases of ammoniacal urine or chronic cystitis I give 15 or 20 grn. every two to four hours until the urine becomes acid; after that three times a day. It should be given largely diluted;

and often a simple bitter, as gentian, given along with it will act beneficially by preserving the healthy action of the stomach.

Because of its action on the urates, benzoic acid has been much used in rheumatism; but I have not had the results from it which have been claimed by others, and only employ it in such cases when the salicylates or salicin cannot be used because of their effects on the stomach. Lyman extols it as a remedy for gouty affections. My experience with gout has not been sufficient to allow me to speak concerning it.

Nocturnal enuresis of children with neutral or alkaline urine will be much benefited by its use. They should have 3- to 5-grn. doses after each of the principal meals.

Headache of lithemic origin will be cured by the use of these remedies.

The acid has a gentle stimulant action on the gastric mucosa, creating a sensation of warmth and possibly increasing the action of the secretory apparatus of the stomach. It has a stimulant action on the liver, and seems to increase the amount of bile discharged; but this is possibly apparent rather than real, the seeming increase being due to the decrease in swelling of the mucosa of the ducts and consequent free vent for its discharge. It alone cannot be depended upon, but in combination with other and more active cholagogues it has a very happy effect upon cases of torpid liver.

The benzoate of bismuth may be given in diarrheal troubles in children, with excellent results. It should be given in 2-grn. doses to a child one year old, every three or four hours.

In chronic bronchitis benzoic acid or benzoate of ammonium will be found of signal service; and bronchorrhea of the aged with fetid expectoration will be much benefited by its use. It disinfects and liquefies the sputum, and destroys the fetid odor. Acting as a stimulant to the mucous membrane, it creates a healthier condition of its surface. In some cases of acute bronchitis, especially those of the lithemic diathesis, it gives good results; but experience has taught me that its greatest field of usefulness in these cases is after the subsidence of the acute symptoms. Acute tonsillitis and edema of the glottis are best treated by large doses every two hours, given in half an ounce of whiskey. [I don't like the whiskey.—ED.] The usual duration of such cases is from three to five days, but under the influence of the benzoates they may be checked in from 24 to 36 hours.

All forms of influenza are benefited by its use, and if there is much arterial excitement I like to add 2 to 3 drops of tincture of gelsemium to each dose.

As antiperiodic the benzoates are worthless; as antipyretics they are reliable only in so far as they exert their specific effects upon the disease for which they are given, and the slight diaphoresis and diuresis which are caused by them. [*Therap. Gazette.*]

(*Contiuation*)

146—Liq. Plumbi Subacet.....ʒss
Tr. Opii.....ʒij
Aquæ.....q.s. ad ʒiv

There is certainly not a drug-clerk who has not at some time or another dispensed this prescription. Tho strictly incompatible, it is nevertheless dispensed daily; and as it seems to give good results to both physician and patient, we must not object. The incompatibility is a double one: lead subacetate being an alkaloidal precipitant, precipitates the alkaloids of the opium; another portion of it combines with the meconic acid present in the opium tincture and precipitates as lead meconate. In the case where lead acetate is used instead of the subacetate (as it is in the National Formulary—see "Lotio Plumbi et Opii"), the precipitate is not quite so heavy.

147—Hydrarg. Chlor. Mitis.....gr. iij
Ammon. Carbon.....gr. v
Sacch. Lactis.....gr. v
M. et ft. pulv. No. 1. Tal. dos. No. xxiv.

There is no positive proof on hand that a very poisonous compound is formed on mixing the above ingredients; nevertheless it is better to be on the safe side, and not dispense this prescription. When the ammonium carbonate and calomel are rubbed together the color of the powder is changed to black. This black color is due to the formation of mercurous oxide (Hg_2O) and ammonium mercurous chloride (NH_2Hg_2Cl); and, taking into consideration the instability of the mercurous compounds, there can hardly be any doubt that within a short time a portion of them will lose the extra atom of metallic mercury and pass into the mercuric state.

148—Sol. Labarraque..... } āā 75.0
Sol. Hydrogenii Peroxidi..... }
S.: Apply to throat and nose with cotton swab.

The activity of Labarraque solution, or solution of chlorinated soda, depends upon the presence therein of sodium hypochlorite, which is easily decomposed, yielding chlorine. In the presence of the peroxide the hypochlorite becomes reduced, according to the following equation: $NaClO + H_2O_2 = NaCl + H_2O + O_2$ As is seen, the peroxide becomes reduced to water at the same time.

149—Morphin. Sulph. ..... gr. ij
Antikamnia ..... ℈ ij
Quinin. Sulph ..... ℈ j
Ac. Sulph. Arom ..... q. s.
Syr. Tolut ..... ℥iij
Aquæ ..... ad ℥j
S.: Teaspoonful when required.

This prescription forcibly illustrates a tendency which cannot be condemned in too severe terms: the habit which some physicians are acquiring of prescribing, in combination with official or other well-known remedies, proprietary compounds, the exact composition of which is not known to them. How can the prescriber be certain that the proprietary article does not react with the other remedies, possibly with a deleterious result to both? How can the druggist be in a position to prevent or correct an incompatibility? How can the physician know to which drug to ascribe beneficial results, following the administration of such a combination? Suppose the patient was relieved by the above mixture; how does the physician know whether the relief was due to the morphine and quinine, or to the antikamnia? I remember one physician used to praise to heaven a certain alterative compound; it was "the anti-syphilitic par excellence." Yet he used to prescribe it invariably in conjunction with the iodides and mercurials. I once asked him whether the therapeutic virtues, he thought the proprietary preparation possessed, might not be ascribed to those drugs; but he still owes me the answer. To return to the above prescription. If the quinine is dissolved by the aid of the acid, and the antikamnia is then added, effervescence takes place, due to the evolution of carbon dioxide. Whether precipitation will take place or not, will depend upon the amount of sulphuric acid. If enuf is present to neutralize all the bicarbonate of the antikamnia, none will take place; but if an insufficient quantity is taken, the bicarbonate precipitates the morphine and the quinine, and the prescription then is a dangerous prescription to dispense. The bulk of the antikamnia, i. e., the acetanilid, will in any case remain undissolved.

150—Hydrarg. Chlor. Mitis ..... ℥ij
Hydrogenii Peroxidi ..... ℥ij
S.: Apply externally three times a day.

The statement is generally made that hydrogen peroxide oxidizes or otherwise changes mercurous into mercuric salts. This may be true of soluble mercurous salts, such as mercurous

nitrate (I did not investigate that subject, as the only mercurous salt used in medicine is an insoluble one), but it must be accepted with great reservation as regards calomel. I shook calomel with hydrogen peroxide for many hours, and failed to detect any mercuric chloride. This assertion must therefore be based upon the following careless observation: When hydrogen peroxide is kept in contact with calomel and filtered, the filtrate will give quite an abundant precipitate with silver-nitrate solution; a precipitate soluble in ammonia water and re-precipitated by nitric acid. This shows the presence of a soluble chloride in the filtrate, beyond all doubt. On further investigation we discover that even before being shaken with calomel, the peroxide gives a white precipitate of silver chloride, because the commercial article always contains soluble chlorides. On testing the filtrate with KOH,H_2S, or copper, or any other delicate test for mercury, none is discoverable. It is possible that on very prolonged contact, some bichloride may be formed; but then the decomposition may be due to other causes, such as light, etc.

151—Hydrogenii Peroxidi.....ʒij
Sol. Hydrarg. Bichloridi 1 : 1000. ʒiv
S.: Apply externally with cotton swab.

This prescription is all right. I have tested this solution both therapeutically, on patients, and chemically. The antiseptic effect was not in any way diminished, and chemical tests failed to discover any change either in the peroxide or in the corrosive sublimate.

152—Iodoformi.....3j
Aq. Hydrogenii Perox.....ʒj

The combination is an odd one, but not incompatible. Careful tests failed to discover any decomposition in the iodoform. This is again due to the insolubility of the iodoform in the menstruum.

153—Iodoformi.....3ss
Aetheris Sulphurici.....ʒss
Aq. Hydrogenii Peroxidi.....ʒij

This prescription is incompatible. The iodoform dissolves in the ether, and on mixing the solution with the peroxide, iodine is liberated, as can be ascertained by adding gelatinized starch, when a deep-blue color is developed. Of course, the red-colored ethereal solution is not miscible with the H_2O_2 solution.

(To be Continued).

A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation.*)

Eucaine B. Beta Eucaine. Benzoyl-vinyl-diacetonalkamine hydrochlorate. White crystals or powder, soluble in water (1 in about 28) and alcohol. Used as a local anesthetic like cocaine, over which it is claimed to have the advantage of lesser toxicity and non-decomposability on boiling. It is generally applied in a 2 per cent solution. Extensively used in opthalmologic practice, and also in dental, rhino-laryngeal and genito-urinary cases. Also used instead of cocaine in Schleich's method of infiltration anesthesia. In the Bier-Tuffier method of spinal anesthetization, it has as a whole not proved a success. The fact that a solution of eucaine can be boiled without decomposition, can therefore always be freshly sterilized, is much in its favor.

Eucaine A. or Alpha-Eucaine. This compound is chemically quite different from the above; as it is more toxic, and its application in the eye etc. is very painful, it is no longer on the market.

Eudermol. This is chemically nicotine salicylate. Used in a 1 per cent. ointment (with petrolatum) as an application in scabies.

Eudoxine. Bismuth Tetra-iodo-phenol-phthalein. The bismuth salt of nosophen. Contains about 53% of iodine, 14.5% of bismuth. Grayish white powder, odorless, tasteless and insol. in the ordinary solvents. Intestinal antiseptic and astringent. Especially recommended in infantile diarrheas. Dose for adults 5 to 15 grs-, for children 3 to 5; for infants ½ to 1 gr.

Eugallol. Pyrogallol Mono-acetate. Dark yellow syrupy liquid, soluble in water. Appears on the market as a 66 per cent solution in acetone. Recommended as superior to pyrogallol in chronic psoriasis. It is very powerful in its action; used as a paint once daily, followed in half an hour by an emollient salve.

Euguform. Acetyl-methylene-diguaiacol. From formaldehyde, guaiacol or creosote and glacial acetic acid. Very fine grayish white powder, practically odorless and insoluble in water. Antiseptic and vulnerary. Used in powder form or as an ointment in 2 to 10% strength.

Eumenol. The fluid extract of the root of a Chinese plant known under the names of Tong-kui, Kau-kui, Schon-ki, man-mu. Emmenagogue and uterine sedative. In functional amenorrhea and dysmenorrhea. Dose: small teaspoon 3 times a day.

Eunatrol. A trade name for pure sodium oleate. A white powder but is marketed only in the form of chocolate-coated pills. Cholagogue. Recommended in gall-stones. Dose 15 grs. in pill form morning and night.

Euphorin. Phenyl uretane. C_6H_5 NH. CO. OC_2H_5. White crystalline powder, of a slight aromatic taste, slightly soluble in water, readily sol. in alcohol. Antiseptic, antirheumatic and antipyretic. Dose 5 to 15 grs. Externally in the form of dusting powder or ointment.

Euphthalmin. $C_{16}H_{25}NO_3HCl$. Methyl-vinyl-diacetone-alkamine-phenyl glycoyl hydrochlorate. The hydrochlorate of the mandelic acid derivative of b. eucaine. White crystalline powder, soluble in water. The solution may be sterillized by heat without decomposition. In ophthalmic practice only as a mydriatic. All effects are claimed to disappear in 6 to 24 hours. Has no cycloplegic effect, accommodation being affected but very slightly. Used in 2 to 10 per cent solutions, most commonly that of five per cent. With the last solution mydriasis supervenes in about 25 minutes, reaching its maximus in 35 to 45 minutes

Eupyrin. Vanillin ethyl carbonate paraphenetidin. Pale greenish yellow needles, mild vanilla like odor, tasteless, soluble in water with difficulty, but freely sol. in alcohol, ether and chloroform. Mild stimulating antipyretic. Dose 8 to 24 grs. Only report so far from Overbach who tried it in 50 cases with gratifying results. (Münch. Medic. Wochen 1900. No. 47).

Euquinine. Quinine carbonic ether. Quinine in which one hydrogen atom is replaced by an ethyl radical which is linked to the quinine by the group CO_2. White fleecy masses, odorless and tasteless. Very slightly soluble in water, but sol. in alcohol and acids. Highly recommended as a substitute for quinine, over which it is claimed to possess the following advantages: It is tasteless, does not produce cinchonism or produces it in a degree much milder than that produced by quinine; does not derange the stomach, and people having an idiosyncrasy against quinine can frequently take euquinine with impunity. Dose: same as of quinine. To children it may be given in milk, cocoa etc.

Euresol. Resorcin Monacetate. A yellow mass, rather viscid, but easily pulverized. Claimed to be milder in its action than resorcin. Chiefly in acne, sycosis, etc. in ointment of 5 to 20% strength.

Eurobin. Chrysarobin Tri-acetate. Insol. in water; sol. in chloroform, acetone or ether. Instead of chrysarobin in skin diseases, in a 1 to 20% solution in acetone. Usually in conjunction with 5 to 10% of saligallol.

Europhen. Iso-butyl-ortho-cresol iodide. Its method of preparation is analogous to the one used in preparing aristol. A fine yellowish powder of slight aromatic odor, insoluble in water or glycerin, but sol. in alcohol, ether, chloroform and fixed oils. Excellent surgical antiseptic, this property depending chiefly on the liberation of iodine, of which it contains 27.6%. It is also given in syphilis in doses of ½ to 1½ gr. dissolved in oil, hypodermically. Is used considerably, dissolved in oil or petrolatum, in chronic urethritis, prostatitis, and endometritis (1 dram of europhen dissolved in 1 oz. of liquid petrolatum; a few drops of this mixture are injected into the urethra or uterus). An ointment of europhen has also been recommended in tuberculosis—to be used by inunction.—Decomposed by water and alkalies, and also by light.

(*To be Continued.*)

DEPARTMENT OF
Materia Medica and Therapeutics.

This Department will form a prominent feature of the Critic & Guide. Queries of a pharmacologic and therapeutic character are invited and will be answered in this Department

Pansy in Acne.

Dr. S. Behrmann (Klin. Therap. Wochenschr.) recommends viola tricolor, or pansy, in obstinate cases of acne vulgaris. He employs the herb in the form of an infusion or tea, prepared with milk or water (1 : 10). He has ordered it in numerous cases with uniform success. It is not difficult to explain the therapeutic action. Pansy contains salicylic acid, which acts as a diaphoretic, especially when taken with the hot tea. The patient perspires and fat is thrown off thru the sweat-glands, thus efficiently counteracting any tendency to retention. Moreover, the keratolytic virtues of salicylic acid contribute to the cure. Then, again, pansy contains magnesium tartrate, a mild laxative, which aids in removing toxic substances from the intestines.

Frequently viola tricolor seems to have a selective action in acne, bringing about a discrete eruption of efflorescences. These are then treated with carbolic or salicylic acid—mercurial plaster mull, which is applied over night and washed off with benzine and cotton in the morning. Under this management large pustules burst, while smaller ones are absorbed. During the day a dusting powder will conceal the temporary deformity, and thus the treatment need not interfere with the patient's occupation.

Pansy is not by any means a new drug in acne. Our own Dr. Piffard, of New York, has been advocating its use in that affection for many, many years.

Thyroid in Urticaria and Prurigo.

A valuable contribution to the pathogenesis of urticaria and prurigo is published by Drs. Gilbert and Lereboullet. Numerous observations seem to indicate a biliary origin of urticaria. Whatever alimentary causes may be given by the patients themselves, we always find a cholemic condition, which may be demonstrated by a blood examination. The same applies to prurigo. In two recent cases of typical prurigo Hebrae, cholemia was most distinctly present.

This view suggested the treatment with thyroid gland. It was noticed under other circumstances that thyroid gland promptly relieves the itching of jaundice. Hay's reaction was also observed to disappear under this medication. Now, Hay's reaction indicates biliary acids in the urine and the itching in icterus is probably due to the action of these acids on the nervous terminations. Hence the new treatment, which is thought to reduce the toxicity of biliary acids. Experimental studies seem to confirm these theoretical propositions. It was shown that solutions of biliary acids, if mixed with thyroid gland, lose part of their toxicity while injected into rabbits. We are,, therefore justified in accepting the new method. (Klin. Therap. Wochenschr.)

Calcium Chloride in Nephritis.

Dr. G. Gross treated four patients with hemorrhagic nephritis with calcium chloride and obtained satisfactory results. Equally successful results were seen in a case of inoperable uterine carcinoma with profuse hemorrhages, which had resisted curetting. Chloride of calcium may be administered by rectum (after a cleansing enema), 2½ drs. to 6½ ozs. of sterile water being the usual quantity, or by the mouth as follows:

Calcium Chloride.....1 dr.
Distilled Water.....3 ozs.
Syrup of Peppermint.....1 oz.
Tablespoonful every 2 hours.

The healthy kidney eliminates calcium chloride very rapidly, thus rendering prolonged medication harmless.—(Klin. Therap. Wochenschr.)

Local Treatment of Rheumatism.

The subcutaneous employment of salicylates is novel. Dr. Bouchard reports favorably on the method. He injected a 5 per cent. solution of sodium salicylate into the diseased areas or near the painful site, in articular rheumatism. The injections are painless. From 1 to 2 cc. may be given, and often one dose will suffice. If necessary, it may be repeated three or four times, one every second or third day. The method has been serviceable in acute articular rheumatism, in rheumatic neuritis, and in neuritis complicating herpes zoster. It should be added, however, that the effects are purely local, and the general condition remains uninfluenced by the treatment. Its value lies in the direct attack upon the diseased tissues. The digestive tract is thus untaxed.

Persodine in Carbolic Acid Poisoning.

Persodine is a mixture of sodium and ammonium persulphates. The use of the sulphates in phenol-poisoning is well known, it being believed that the sulphate forms with the phenol the harmless sulphocarbolate. The persulphates being much more energetic in their action, Dr. G. Bufalini (Arch. Ital. de Biolog.) thought that they would prove still more useful as antidotes. Rabbits were given a toxic dose of phenol, and persodine was administred hypodermically with the result of preventing toxic effects. Basing himself on his results, the author believes that persodine must also prove useful in neutralizing the intestinal toxins (phenol, indol, skatol, etc.) and he therefore recommends it in conditions of autotoxemia of intestinal origin. The alkaline persulphates act also favorably in improving the appetite and increasing the weight.

Some Dont's in Pneumonia.

By W. C. Cooper, M.D.

I merely want to jot down a few things to be remembered in the treatment of this very easily managed disease. There are unshakably solid, fundamental and practical reasons for the do's and don'ts I shall submit, but I have not the space to spare for them.

Don't commence the treatment of pneumonia with a cathartic, or even a laxative. If the bowels must be moved, use an injection.

Don't forget that the patient's recovery must depend upon his possession of enough vital energy, and therefore do husband this vitality to the utmost.

Don't ever use that devil's invention, the ice pack.

Don't use any sloppy applications on the patient's chest.

Don't use any poultices or anything else of appreciable weight on the thorax. The lightest of them will force the respiratory muscles to lift at least a ton every twenty-four hours.

Don't in any stage of the disease whip the tired heart with digatalis, strychnia, etc. Go for the cause; the effect will take care of itself.

Don't give antipyretics for the symptom—fever. They are all cardiac depressants, just what you don't want.

Don't hypermedicate. Do for heaven's sake (including the patient's and your own) let your patient get well.

A Nourishing and Soothing Drink in Disentery.

The great thirst often experienced by patients afflicted with dysentery is best quenched with milk of almonds or Emulsum Amygdalæ of the U. S. P. Several quarts a day may be consumed; the milk may be made up without the sugar and acacia; merely by beating blanched sweet almonds with water, straining and keeping in a cool place. This drink is not only pleasant, but it has in my opinion a distinct soothing and curative action on the bowels.

Endermol.

Endermol is described as a neutral, bland, odorless ointment base which renders the integument soft and pliable, very penetrating and very rapidly absorbed. It is a compound of stearamide with hydrocarbons of the paraffin series, is miscible with all drugs and carrying them deeply into the cellular structures. Not affected by air of moisture and never turns rancid; and it does not stain linen.

Institute Hall was packed with an appreciative audience last Tuesday, which listened intently to an interesting lecture by Prof. A. H. Brundage, on poisons and Antidotes. The lecture was illustrated with stereopticon views.

Enuresis in Children.

The treatment of enuresis must be based upon the attention to the etiologic factors. It is, therefore, of greatest moment to systematically examine the patients for organic diseases and to endeavor to eliminate every symptom suspicious of organic disease. In absence of organic causes there is evidently a neurotic cause to be dealt with, and the treatment must be adopted accordingly. It is very important in all cases to instruct the patient (if old enough) not to abstain from micturition when called upon by nature to do so, and to train small children to void urine about every three hours, and not to permit them to withhold the urine for a longer period. This is very important, for it is often overdistentation of the bladder and the allowing of urine to decompose for hours in the bladder that proves the primary cause of the consequent secondary etiological factors, such as atony or hyperesthesia of the bladder, presence of concretions, cystitis, etc. It is also advisable to encourage drinking of water in cases of enuresis due to concretions, cystitis, or gonorrhea, but to forbid it in other cases. The patient is not to be permitted to sleep on his back, and it is often of advantage to raise the foot of the bed in such a manner that the child's trunk and head lie deeper than the pelvis.

In enuresis due to atony a general constructive treatment is indicated. Plenty of good nourishment, change of air, cold spinal douches, medicinal tonics, and electricity are usually effective in bringing about a cure. (A moderate galvanic current is usually best—one pole is applied to the symphysis or rectum, the other to the perineum). The following mixture is often very serviceable:

℞ Ext. ergotæ fl.,.....f℥iij
Ext. rhus. tox. fl.,.....f℥j

Five to ten drops every four to six hours to a child six years old.

In incontinence of urine associated with hyperesthesia of the collum vesicae or spasm of the detrusors, an antispasmodic treatment is indicated, consisting of hot sitz-baths, avoidance of irritating food or drink, and the adminstration of either extract of belladonna or hyoscyamus. The author usually prescribes the following:

℞ Ext. hyoscyami, fl.....3ss
Sodii bromidi,.....3j
Aquæ anisi,.....ad f℥j
Syrupi simplicis, q. s.....f℥ij

One teaspoonful every four to six hours to a child six years old.

Counter-irritation by means of sinapisms over the lumbosacral region is often useful.—Sheffield Postgraduate.

The Treatment of Chancroids

Dr. C. G. Clark (Med. News, March 12th, 1904) says that the first thing to do in the treatment of a chancroid is to thoroly disinfect the lesion and to wash the entire penis with green soap and water, then get rid of the soap with alcohol or ether, and thoroly cleanse the sore or sores with a solution of bichloride of mercury, 1 in 2,000. The entire penis is then wrapped in gauze saturated with the above solution, and the patient instructed to keep this wet for about twelve hours. The gauze is then removed and the sores are dried and thoroly dusted with aristol (pure). This excellent dusting powder keeps the sores dry and has the advantage over iodoform of being odorless, and that is one thing that these patients who are generally hypersensitive most appreciate. After this thoro dressing the patient generally requires nothing but a solution of bichloride (1 in 5,000) and the aristol. The sores should be washed every three or four hours, dried, and a fresh application of aristol made.

This treatment is generally all that is necessary for an average case of chancroids. If, however, there are complications, other procedures may be necessary before the sores can be thoroly cleansed. One of the most common complications is phimosis or paraphimosis. This should be relieved by slitting up the dorsum and laying the glans bare. The rest of the operation for circumcision may be done later. Care should be taken that the cut surfaces of the prepuce do not become infected. They should be covered with aristol.

In chancres the author proceeds in the same way, only the powder he uses consists of equal parts of aristol and calomel. He is decidedly opposed to the old custom of cauterizing every venereal sore, believing that cauterization delays the process of healing and often leaves an unsightly scar.

[Squib—a pithy comment on men or things.—*Dictionary*.]

The Squibber

FRANK HOMER, Ph. G. **Pithy Comments on Things Pharmaceutical.**

ıe New York College of Pharmacy ıally voted to become a part of ımbia University at the annual ːing of the college on March 15, event being celebrated with due mony. The college is in its sev--sixth year. July 1, 1904, is the when the consolidation officially s place. There will be no change ıe curriculum, however, until the ıning of the fall term of 1905. Co-ıia University made overtures to

' YORK COLLEGE OF PHARMACY.

ːollege back in February, a com-ːnt to the college generally ght to be due to the high standing faculty, which comprises the fol-g gentlemen: Dr. Chas. F. Chan-(very ornamental, if not very use-Dr. H. H. Rusby, Dr. S. E. Jel-(who give the students mental psia from an excess of botany and pharmacognosy), Dr. Virgil Coblentz (a most excellent instructor and thoro chemist), Dr. Geo. C. Diekman (the hardest worker of all, the most popular member of the college faculty, and a great favorite with the students), Mr. John Oehler (the affable, clear-headed and well-beloved), and Mr. Geo. A. Ferguson (whom we have not the honor of knowing personally). The college is among the best, if not the best in the country, and we say so because it is so, and not because it is our alma mater.

* * *

Wm. C. Alpers indulged himself in a tirade against the pharmaceutical press at the meeting of the Manhattan Pharmaceutical Association the other night. Said it was absolutely without influence, truckled to advertisers, particular interests, etc. The former statement may be put down as an intemperate utterance made in the throes of a speech, and so dismissed. But the chief burden of his complaint seemed to be that the drug journals didn't report the minutes of meetings fully or correctly. Some things that he uttered, the CRITIC AND GUIDE said before him; but in regard to proceedings at meetings we differ radically. We all have experienced a sense of relief when the secretary has done with droning thru the "minutes of the previous meeting," but just imagine our feelings if we had to turn page after page of a drug journal chock full of association minutes! No; we think the reporter and editor do well to boil down, and if in the process an occasional wrong interpretation is given to speech or proceeding, it is hardly to be wondered at—certainly is the lesser of two evils. We hardly think Mr. Alpers himself would like to see in cold type full reports of all the speeches he feels impelled to make on different occasions. As to fearlessness in the pharmaceutical press—well, what about the CRITIC AND GUIDE?

druggists' associations, is possessed of the nervous energy and the enthusiasm for work of a Roosevelt. The substantial value of his enthusiasm to any work in which he interests himself was well shown at the N. Y. College the other evening—at the meeting at which the agreement with Columbia University was ratified—when as president of the Alumni Association he turned over a donation of $2,000 to the College, in the getting together of which he was the chief actor. If in his work on the Board of Pharmacy, Mr. Erb tempers his enthusiasm with good judgment, and a desire to work only for the good of the public and the betterment of conditions among his fellow druggists, his appointment will not have been in vain.

* * *

What a flaming sword Thos. V. Wooten and his associates of the N. A. R. D. are waving over the offices of the drug-trade journals. "Support our cause heartily," they say in effect, "or we'll turn 'N. A. R. D. Notes' into an aggressive competitor by taking in ads. and enlarging its scope." In fact, at the recent meeting of the N. A. R. D. executive committee a resolution to accept ads. for "Notes" was conveniently tabled. Well, this is an interesting situation. Will the "regular" journals forthwith become more enthusiastic in their advocacy of N. A. R. D. doctrines? or will they resist pressure, and be obliged to engage in a struggle for the survival of the fittest with a full-fledged N. A. R. D. Journal, chock full of the ads. that the National Association is undoubtedly able to command? At all events, the CRITIC AND GUIDE will be an impartial chronicler of the developments in the situation.

* * *

The administration of Thomas C. Potts, the vigorous president of the Philadelphia Association of Retail Druggists, is reported to be making fine progress in lining up the druggists of the city behind a fair schedule on proprietaries, etc. No Moses, however, has yet appeared to lead the druggists of Gotham from out the wilderness of cut prices. Worse yet; from Chicago, the city of N. A. R. D. headquarters, comes the news that a noted cutter has won a suit in court restraining dealers from withholding goods from him, and is advertising big cuts on even the highly protected n goods. The panacea for the cut evil is not yet.

* * *

Geo. J. Robinson, president of Drug Clerks' Association of Michi charges that about half of the 184 d stores of Detroit are violating the by employing unregistered men pharmacists. His association brought some cases into court on dence collected by its members. State Board of Pharmacy is cha by Mr. Robinson with inertia. says that some of the drug-store prietors rent their certificates, or to-day posting those formerly bel ing to dead men.

* * *

Southerners have always wa their drinks straight, and so it's to be wondered at that the Senat Mississippi recently passed a bill hibiting the sale of Peruna, Jam ginger, and all forms of intoxica bitters or remedies, with the mem in the majority contending that "a son who wants whiskey should good whiskey, and not stuff tha doped up and sold under the guise proprietary medicine."

* * *

Prof. W. M. Searby, of the Col of Pharmacy in San Francisco, evi the spirit of the true educator. He assigned a member of the faculty give his sole attention to specially struct students who are found b ward in any particular study. This tem, the Professor hopes, will en the student deficient in one or two s jects to keep up with his class with retarding it, and result in its mem being well grounded in all subj taught in the college. [This syst was originally introduced and has b in force for many years in the Bo of Pharmacy Institute of the City New York.]

* * *

Prof. Wm. Osler has some good vice for those of us who become cra on the slightest pretext, and compl of this and that. Here it is: "] atmosphere of life is darkened by murmurings and whimperings of n and women over the non-essential the trifles that are inevitably incid to the hurly-burly of the day's routi Things cannot always go your w Learn to accept in silence these mi

:avations; cultivate the gift of taci-
ity, and consume your own smoke
.an extra draught of hard work, so
those about you may not be an-
ed with the dust and soot of your
plaints."

* * *

E. Pritchard, president of the
A. R. D., and editor of the "West-
Pennsylvania Druggist," is, in
e respects, playing the rôle of our
Mayor McClellan down here in
York. You know that Dr. Park-
st said that the Tammany adminis-
tion would be like hell with the lid
and since then the newspapers have
fun picturing the mayor and his
ials sitting on the lid to keep down
dive-keepers, gamblers, et al. Even
oes Editor Pritchard sit astride the
which covers up the price demo-
ers, substitutors, detractors of
gists, etc., and when, in desperate
ggles to be free, the latter lift the
even so little and peer out, the
hful Pritchard sounds a clarion
thru the columns of his paper, and
boys of the Pittsburg association
e piling on top of the lid till their
bined weight snaps it tight shut
n.

* * *

prize of 50,000 rubles (about $25,-
awaits the person or persons who
invent some process of making al-
l undrinkable. The man who needs
information and is willing to pay
lsomely for it is the Imperial Rus-
Minister of Finance. Looks as
me Russians, like some Yankees
e read of, regard themselves as
ks of art, and on that hypothesis
be alcoholic compounds intended
"use in the arts."

* * *

anufacturers of proprietary medi-
s in this country need not expect to
nuch business with Sweden, reports
ister Thomas at Stockholm. Not
tent pill, bottle, or preparation can
be obtained in the kingdom, and
350 apothecaries that control the
icine business of the entire country
are they will not handle any of that
of trade. The importation of pro-
tary medicines, Minister Thomas
says, "would probably be followed by
the punishment of the offender and the
confiscation of the medicines."

IN A HUNDRED YEARS.

By J. A. Edgerton.

The world will be a better place,
In a hundred years.
We'll have a brighter, happier race,
In a hundred years.

The isms of old, the worn out lies,
The ancient wrongs, like mist that flies,
Will melt in the rays of a new sunrise,
In a hundred years.

A better state will come to birth,
In a hundred years.
A vast republic of all earth,
In a hundred years.

There'll be more faith and less of creed,
Be more of honor, and less of greed,
Be more of justice and less of need,
In a hundred years.

We'll have more of substance and less
In a hundred years. of form,
More love will keep the world's heart
In a hundred years. warm,

The laws will aim at the common good;
Religion will be for the brotherhood,
And toil will be honored as it should,
In a hundred years.

Our courts and rulers will be just,
In a hundred years.
Our lawmakers honest—or so I trust—
In a hundred years.

The power of mammon will pass away
With the reign of gold—or thus I pray—
While the world moves on to a grander
In a hundred years. day

There'll be less misery and less wrong,
In a hundred years.
There'll be more gladness, there'll be
In a hundred years. (more song,

Baptized in a new humanity,
Each man to man will a helper be
And the toiling slaves of the world go free,
In a hundred years.

Have I painted the world's face
over-bright,
In a hundred years?
Well, better so, than to picture blight,
In a hundred years.

We may as well in our dreams be blest;
For we none of us will know, at best,
We, all of us, will be long at rest
In a hundred years.

Slightly altered by the Editor.

Letters, Queries and Answers.

Smugosity.

Dear Doctor:—I want to congratulate you on your postal card used in soliciting subscriptions to the CRITIC & GUIDE. Your printer could have done a better job, but the author—no, never. Won't you please define "smugosity?"

Chicago. Dr. W. C. Abbott.

[Thanks. Smugosity is not yet to be found in the dictionaries, but I would define it as that feeling of self-satisfaction which not infrequently takes possession of some small individuals, who believe that they know it all, that they are the salt of the earth and have reached perfection. Nobody can teach *them* anything. Smugosity is often combined with Pomposity—both of which the editor of the CRITIC & GUIDE detests.]

Dear Editor:—The CRITIC & GUIDE for 1903 is now bound in solid book form and is standing on the shelf with the Pharmacopeia, Dispensatory and other store books. It makes an agreeable addition to the store literature, is handy, compact, the various subjects are easily found and it is full of good things.

Yours respectfully, P. F. Schnurrer,
236 Hull St., Brooklyn.

Dear Dr. Robinson:—Enclosed check for the CRITIC & GUIDE for 1904. I have just been handed a copy of your paper today, and found it so interesting that I thought I could not do without it. Yours very truly,

William Ross, M. D.,
354 West 24th St.

Editor CRITIC & GUIDE:—Thru the kindness of a friend I had the opportunity to discover your valuable journal. I am in complete sympathy with the spirit of a man, who dares fearlessly to expose "Humbugs," and I cannot see how right-thinking people can fail to support your splendid effort. It is with great pleasure that I send you enclosed check, and beg to remain, with highest respect, J. A. Matthews,
218 Fulton St.

Dear Dr. Robinson:—I desire to fully retract my statements contained in my letter to you published in the February issue of the CRITIC & GUIDE, relative to Mr. Sidney Faber. Upon investigation I find that Mr. Sidney Faber was not a candidate for election at the meeting of the New York Consolidated Drug Company, nor was his name proposed at such a meeting, and all the other statements contained in my letter were untrue. I regret very much my error, which I assure you was not intentional, and I hereby apologize to Mr. Faber for the statements contained in my letter to you. You will confer a favor on me by publishing this letter in the CRITIC & GUIDE. Very truly yours,

1106 3d Ave. Julius Goetze.

Maximum Doses.

A. R.—The German Pharmacopeia gives to maximum single dose of scopolamine hydrobromate as 1-120 gr.; of extract hyoscyamus 3 gr.; extract belladonna 5-6 gr.; extract opium 2½ gr. It is, however, well to note that the German extract of opium is weaker than our U. S. P. preparation.

Is Wood Alcohol Poisonous?

Dear Dr. Robinson:—I was fined by the Board recently $25.00, for making tincture of iodine with columbian spirit or wood alcohol. I don't kick. But is it really true that wood alcohol is as poisonous as it is claimed? Or is it all a humbug? Is the Board just after the money?—S. B., Ph. G.—[The Board of Pharmacy is doing a good deal of damage, in many cases it has shown a very mean vindictive spirit, and many druggists have been unquestionably blackmailed. But many of the sins of the Board will be forgiven it, if it succeeds in driving out wood alcohol from the drug-stores. There is no question whatsoever as to its strong toxicity. There are too many cases on record of *death* and sudden blindness following its use to doubt it any longer. Space is limited, but if you come up I will show you any number of reports.

itution is a bad thing, but there ree substitutions which I consider ularly damnable, because so ruin- › the health and life of the patientsl y are: the substitution of methy- hyl alcohol of acetanilid for phena. ınd of coal tar "creosote" for beech creosote.

tor CRITIC AND GUIDE:—Would :indly give me in the next issue tITIC AND GUIDE a formula for ıg artificial claret and other ? L. J. M.

I will not. I know that formulas iven by different formularies for anufacture of artificial wines. But the formulas are generally worth- and, second, we don't want any ial wines. We have enuf abomi- ıs without artificial wines. Try to money in a more honorable way.

Dose of Digitalin.

tor CRITIC AND GUIDE:—I see in ınuary and February numbers of RITIC AND GUIDE some notes on dose of digitalin, Germanic :k), from the various standpoints e books, the examiners, and the tioner. Permit me to say that I used this preparation with in- ing satisfaction for the past ten and now very rarely employ any preparation of digitalis. I have it mostly in the form of granules, $^1/_{67}$, as put up by various stand- ırms, always being careful to get ›roduct of Merck's laboratories. loses in which I have found it to fective for continuous use have 1 from two granules three times to five granules four times a day from $^6/_{67}$ to $^{30}/_{67}$ [$^1/_{10}$ to $^1/_2$] grain

In acute cases I use one granule hour or half-hour, sometimes ev- fteen minutes, until the desired ef- ; produced. In one case of nearly ıuous use for five years or more, reased the dose gradually from › twenty granules daily, not being by careful trial to find any substi- vhich would act as well. I should ıesitate to increase the dose still :r, carefully watching the effect.

J. M. FRENCH, M.D.

rd, Mass., March 23, 1904.

Tachiol.

N. Tachiol is chemically silver de, AgF.

Methyl Salicylate and Oil of Wintergreen.

Editor CRITIC & GUIDE:—Can you give me a good, reliable test to distinguish between the genuine and artificial oil of wintergreen?

A. O'Reilly.

[The latest test I came across is by Adrian, which is simple and said to be reliable. It is as follows: Five cc. of the sample are mixed in a test tube with an equal volume of pure concentrated sulphuric acid. Under these conditions the artificial compound shows no rise in temperature and acquires only a slight yellowish tint, while with the natural oil there is a marked rise in temperature, and the mixture assumes a rose-red color, gradually passing into darker shades.]

Liquozone.

Cecil P. Beach, Ridgewood Park, N.J. This widely advertised nostrum is said to be nothing but a dilute solution of sulphurous acid gas containing about 0.2 per cent. of SO_2.

Lafay's Formula.

℞ Mercury biniodide } 75 grains.
Dry sodium iodide }
Normal salt solution 3½ ounces.

M Inject into muscles, daily, 6 drops.

Brousse's Mixture.

℞ Mercury biniodide.....1½ grains
Potassium iodide.....3 grains
Sodium cacodylate.....7½ grains
Distilled water enough
to make..... 3 drachms

M Inject 15 to 30 minims every 2 days, for 10 days; suspend for 5 days; 10 monthly injections for 3 months.

For Shingles [E. T. Blake]

℞ Cocaine hydrochlor..... 10 parts
Ichthyol..... 20 parts
Flexible collodion.....500 parts

Prostatorrhoea.

℞ Potassium Iodide..... 30 grains
Pure iodine.....$^3/_4$ grain
Extract of belladonna$^3/_{10}$ grain
Butter of Cacao
to make 10 suppositories

M Introduee one, morning and eve- ning.

Melange for Doctors.

J. W. BRAND A.M., M.D.

"If you feel dull and stupid, thank God and cultivate the mood." Don't take medicine! "More men die of the effects of medicine than from disease." Thus Elbert Hubbard expresses his contempt for drugs or, at least, such as stimulate. Strange! After reading some of his flights we felt sure his taste ran the other way.

* * *

The doctor who attended Marie Louise when the "King of Rome" was born not unnaturally appeared nervous and excited. Napoleon, slapping him on the back, bade him to forget it was the Empress he had under his care, but to treat her as he would a simple peasantess.

The "Man of Destiny" was possessed of great insight. Sometimes when we read the bulletins from the bedside of a prominent citizen, and then later on learn the outcome, we can't help feeling glad that we are just humbly ourselves.

* * *

"To Windward" is the title of a book by Dr. Henry C. Rowland. The author served as naval surgeon in the Spanish-American War and later with the army in the Philippines. Recently he settled down to practice in this city.

* * *

We wish to suggest to the surgeons that the "serre-fine" forceps, which are used to grasp an accidental rent in a blood vessel—for instance, the jugular vein in operations about the neck—might not inappropriately be nicknamed the "seraphim" forceps. It seems to us, also, that the "triangles" of the neck, considering the danger of the locality, might aptly be referred to as the "magic circles."

* * *

Sometimes when you have leisure take a run up to the "Hall of Fame." It will repay you for your trouble. It is a noble idea to have the memory of one great man kept green, in the minds of succeeding generations, by such a means. And as you wander about among your ancestors—as an American—you may be inspired to greater things. But (this on the quiet) don't ask anybody to direct you to a physician's niche lest you receive the reply, "A physician's?—Nit."—Content yourself with the fact that three doctors—Valentine Mott, Benjamin Rush and James Sims—were, at least, consider voting.

* * *

We have long noted and dep inability of the profession tc plain, straightforward messa instance, see an eight-page ar medical journal one week e in as many lines of another following.

* * *

Two doctors testifying on sides in court, out in Omaha day, became involved in a "Your Honor," said the one, ing the court, "I wish it ur that I did not charge a cent fo this case." "Yes," interrupte versary, "that's your way, an cheat a *good* physician out o "Well," replied the first, "how affect *you?*" * * *

Talk about the versatility of ical profession! "Volo, the who does a marvelous aerial bicycle, at Barnum and Bailey belongs to the profession. H Clarke, and he lived out West circus. Concluding that it req day he read an advertisement f of nerve to perform a daring a more nerve to ride thru space cut open a man, he applied and cepted. So there you are!

* * *

A magazine invariably refl character of its readers. The a magazine has far less influen termining its course than have ers to whom it appeals. He is helmsman chosen to guide it time being; they, the waters upc surface it may be its destiny ride serenely along to safety cess, or to pitch and plunge fo destruction and defeat.

So with the "Medical Brief" *in Parvo*—Much nonsense in lit Let us glance over the Februa One esteemed contributor refe fact that he used suggestion to rapid healing of wounds by fi tion. A second knows that the Emperor had a cancerous grow throat because the surgeons specimen to be examined mic ally, which they wouldn't ha

›een a polypus. Still another—
n't yet received his passport out
e Gulch but, alas! still dwells
us—states that the bacillus is
: "Baby Show" in Tuberculosis,
›lores the fact that we are still
ıisguided by Virchow and Pas-

we come to one who asks a ques-
ıood, we say, that means a step
enlightenment. This doctor dis-
a rupture in a child three weeks
ch he reduced. He ordered a
and a truss both to be applied.
·mer was obtainable, the latter
›e waited for. When it came, a
ater, the hernia had disappeared.
ad cured it? Was it the turpen-
l tar (First!) or was it Nature?!
next writer describes his first
which he copped, altho, he states,
nding physician was reluctant to
nue his visits. Being a case of
gastritis, he looked about for a
which his predecessors—the
actitioners in the vicinity—had
y not thought of; and he hit
Tincture of Nux Vomica. This
ıcribed in ten-drop doses after
nd—cured his case!
ıo on right thru.
the nonsense the editor writes
:her do his readers any good nor
rm. And as for his advertise-
›f patent medicines, let him go
lse his readers will lack a formu-
ıd that enlightened doctor out
ill not be able to spring. Tinc-
Nux Vomica upon his associates
a while.

* * *

ıo one conclude from the above
: are lacking in respect for the
d able country practitioner. On
trary, we unconditionally take off
: to him. Since the above was
the writer was called to assist
wbarn at an operation "fourteen
rom nowhere in particular," as
·geon put it. After journeying
miles by rail we involved our-
ıtill further by a carriage ride of
ıiles more. When we arrived at
at the patient's home there was
ıily physician—and a fine fellow,
readiness to give the ether.
he operation was about over, off
ıed eleven miles, perhaps to set
en arm, perhaps to do a "ver-
›erhaps to be his own consultant
in a case of typhoid. In any case one thing is sure—he must be a man of action, quick-witted and able to meet all emergencies alone. It takes long to reach the home of the sufferer, and there is no time to call an assistant even if there were any to call. If there is a little time to spare, home is too far away to go back and think it over in the library, and still get back that day.

As we drove back to the station that night thru the inky darkness, our only guide, the black shadows to either side of the road, we thought of the numberless times he must risk his limbs in the same lonely, cheerless ride. What an example of devotion to duty!

Unmasked.

Last night we sat alone, my Soul and I,
Alone in the dark, old, creaking house,
And the complaining wind without,
And the accusing rain
Pressed down upon me in a dank, blue, gloomy mood.
Thereupon I spoke unto my Soul:
"Come let us take the mask off,
Now, we two, alone!"
And it was off!
And still, dark-browed, sad-featured as before,

I sat.
But in my soul, my God, the awful change;
Shrunken, deformed, misshapen, scarred,
All foul—all black—
And in the eyes—and mouth—and face
I read the lies, and crimes, and sins,
The selfishness and lust,
And cruelty, and meanness—
All the awful, fearful list—

And then the sun rose,
And the penetrating warmth
Filled me with life—
And so I spoke unto my Soul:
"The mask! The mask! Once more!"
And it was on!
And we went into the world,
My Soul and I,
Respected, feared, beloved.

Bores!

People I talk with are awful bores—
The average is eight out of nine—
Who insist upon talking of them and theirs
When I want to discuss me and mine.

imputing to me sinister motives, etc. But in their circular, in trying to get out of the predicament in which the CRITIC AND GUIDE had put them, they entangle themselves more and more, and, against their will, *corroborate* every one of my statements. Poor fellows! But let me proceed.

I.—In paragraph 1, I stated that the manufacturers' statement that ovoferring was neutral in reaction was wrong. I said that I found it distinctly acid. What is the manufacturers' answer? Do they deny my statement? No! They beat about the bush, stating that "neutral" is but a relative term, that nothing in the world is absolutely neutral, and that, while it is true that ovoferrin is acid, its acidity is very slight. And so the manufacturers themselves admit the correctness of my statement, No. 1.

II.—In paragraph 2, the longest paragraph in the editorial, I asked to explain the discrepancy between Dr. Coblentz's statement and the statement of the manufacturers as to the amount of iron in ovoferrin. According to Dr. Coblentz's statement, ovoferrin must contain at least 5.2 grains of elementary iron to the tablespoonful. The manufacturers themselves claim only 1 grain to the tablespoonful—a difference of over 400 per cent.! I certainly had a right to ask for enlightenment on this point. It is not true that I questioned Dr. Coblentz's veracity or ability. On the contrary, I distinctly stated that "Dr. Coblentz is a careful analyst." But what do the manufacturers do about my very pertinent and very disagreeable question? Nothing at all. This *most important point* they gloss over by telling the physician: "Evaporate the solution to dryness. Incinerate the resulting powder, and apply any quantitative test for iron, and it will be found to be exactly as Professor Coblentz claims, and as we state it in our literature." Messrs. Barnes and Hille! 5 cannot equal 1, and 1 cannot equal 5. If Prof. Coblentz is right, then you are wrong, and if you are right, Prof. Coblentz is wrong. So which is it? Tell us honestly and frankly—what is the exact percentage of iron in your preparation? Do you know yourselves? And to tell the physician to make a quantitative test of iron in an organic mixture, is merely trying to throw dust into his eyes. You well know that physicians are not equal to the task. And remember that you have not *attempted* even to explain that important discrepancy, as to the amount of iron in ovoferrin.

III.—In paragraph 3 of my editorial I showed the utter falseness of the statement of the manufacturers that ovoferrin is absolutely unchanged by hydrochloric acid. In their answer, they say that ovoferrin is not changed by the gastric juice or by a solution containing from 0.1 to 0.2 per cent. of hydrochloric acid. But, Messrs. Barnes and Hille, this is not what you stated in your literature. My exposure made you change your statement, but in your original literature you did not mention anything about very dilute hydrochloric acid or the HCl of the gastric juice.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what the wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think.
The Editor is responsible for his own opinions only. He always tells the Truth, or what he consider to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

Vol. III. MAY 1904. No. 5.

A WORD WITH OUR READERS.

☞Dear Friend:—Kindly look thru this number of the Critic and Guide. See whether it does not posess any features which render it different from, and perhaps superior to, most of the monthly medical journals It is not large, but, then, bear in mind that it contains no padding of any kind. We believe that every article, original or abstracted, is of distinct value and interest. And not of ephemeral, but of permanent value. While not ponderous and heavy, the articles are nevertheless correct and authoritative. And what is more—they are thoroly practical, deal with subjects of every-day interest, and will help you in your daily practice. Then remember further, that the Critic and Guide is the only journal of its kind published. It is fearless; it is absolutely independent; it says things that no other journal dares or cares to publish; it bravely exposes all frauds and humbugs; it admits no advertisements of preparations, the composition of which is not known, and —withal, it is interesting from cover to cover. We want a large audience, and we are anxious to have you become a subscriber. The subscription is only one dollar a year Subscribe now. Subscription blank in the advertising pages. Also special offer.

THE OVOFERRIN MANUFACTURERS ARE RAGING!

How the truth hurts! Last March I wrote and printed an editorial on the new wonderful discovery, Ovoferrin. It was a most good-natured editorial. There were certain discrepancies in the statements of the ovoferrin manufacturers, on which I asked enlightenment. I did not call them any names; I did not say their product was a fraud and a humbug. I simply pointed out a few errors in their claims, and showed that they, poor mortals, had overstated their case, had a little overreached themselves. I distinctly stated that I did not impugn the therapeutic efficacy of their preparation. So, why are the ovoferrin manufacturers so mad? *They are mad because they have been stung to the quick by their utter inability to answer a single one of my questions, to refute a single one of my statements!* The javelin of truth hurts, especially if it strikes at a vital spot!

And what did the ovoferrin manufacturers—one of whom I regret to learn is a physician—do? Instead of coming out in the CRITIC AND GUIDE, or any other journal, with a calm scientific reply, they sent out a scurrilous letter and circular to the physicians of the country, calling the CRITIC AND GUIDE "yellow,"

would be unsafe to do so. Perhaps they suspect that I know too much. No, it does not require a very deep genius to discern between a genuine, unbiased scientific article and one that is written to order at $20 to $100 per *milmot.*—And so I was right again.

It will be thus seen that I was absolutely correct in every one of my paragraphs, and that the manufacturers have been unable to explain away a single one of their misstatements. I am now coming to their "letter."

Since the very first number of the CRITIC AND GUIDE I have not published a single article, exposing a fake or fraud, without being accused [by the fakes and frauds] of having interested motives, or of having somebody behind it. None of the fakirs, mind you, not a single one dared to deny the correctness of my statements; none dared to come out with a refutation, which I promised to print without the slightest change; none dared to overthrow my analyses—but every one cried in one voice: "There is somebody behind that article." So sure was I, that Messrs. Barnes and Hille would in their answer make the same accusation, that I predicted it to some of my friends before the March issue of the CRITIC AND GUIDE was out. But I did not think that these "ethical" manufacturers would be so impudent and so stupid as to say that my article was in any way influenced by their refusal to advertise in the CRITIC AND GUIDE. First, it is a *lie* that I ever asked for an ad. for ovoferrin. It is possible that, several months ago, in the course of regular business, a letter was sent to Barnes and Hille, like hundreds of others are sent to other manufacturers; *but if it was, it was for argyrol, and not for ovoferrin.* This is number one. Number two. As you, Messrs. Barnes and Hille, do not advertise in *any* medical journals, so it would be absurd and ridiculous to feel piqued at you for not advertising in the CRITIC AND GUIDE. If you advertised in fifty journals, and refused to advertise in mine, pique and chagrin would be explainable, but to expect you to advertise in the CRITIC AND GUIDE, when you do not advertise in a *single* other journal, would be insanity—and I am not insane, as you have found out to your sorrow, I dare say. So this is number two. Now, last, but not least, number three. If there is anything the editor of this journal *hates,* hates with every fibre of his make-up, it is the blackmailing spirit, which is manifested in several of our journals. Here is a little editorial, which I wrote on this subject in the December issue of the CRITIC AND GUIDE.

"THE BLACKMAILING OF NON-ADVERTISERS. I wish to protest most emphatically against the policy that some journals have of "hammering" or blackmailing firms that refuse to advertise with them. In spite of the specious talk of advertising agents and ad. journals, advertising is quite often an unknown quantity, and not so very seldom an absolute loss. If a firm refuses to adver-

tise, it is its business; and for a journal to try to pick flaws in that firm's products or methods of business, etc., just because that firm refuses to advertise, is just as dishonest as it is for a journal to boost up a firm's worthless products, just because that firm does advertise. A little more honesty, a little more fair play, please!"

So, you see, Messrs. Barnes and Hille, you guessed wrong!

And as to the CRITIC AND GUIDE being "yellow," this adjective has been applied to every brave, daring and fearless publication. Every scamp that has been exposed by a daily journal, has, in impotent rage, hurled that adjective at his Nemesis. All frauds and rascals, of whatever occupation or profession, hate "yellow" journalism with a hatred quite intense; they hate it and they fear it.

The editor of the CRITIC AND GUIDE does not want his journal to be called yellow. His tastes are not in the direction of yellow journalism (he reads the *Times* and not the *American*). But if he cannot go on exposing frauds and humbugs and all sorts of quackery without being called "yellow," he will resignedly accept the title. But remember that the CRITIC AND GUIDE never hits anybody or anything, just for the sake of hitting. It hits only where the editor thinks the hitting is necessary in the cause of right and justice. And that's where the difference is between yellow journalism and CRITIC AND GUIDE journalism.

Have I said enuf? Well, anyway, I said all I wanted to say, except that I will add, that I am glad the little CRITIC AND GUIDE has succeeded in putting a stop to the ovoferrin craze, brought into existence by the extravagant statements of the manufacturers and their "write up" literature. Henceforth ovoferrin will be judged exclusively on its merits. If a satisfactory therapeutic agent, it will live; if not, it will sink into innocuous desuetude, as many other "organic" irons have. Some doctors will be out of their "shares," but that can't be helped.

P. S.—The manufacturers try to bluff the physician by stating that their "work" has appeared, among other journals, in the *Medical Record, Journal of the American Medical Association,* etc. Now, I did not speak of any of their "work"; I spoke only of ovoferrin. And I challenge them to point out any articles on ovoferrin in the above two journals! So far, the entire "literature" on ovoferrin consists of four articles. Dr. Shoemaker's article appeared in his own third-rate journal, *The Medical Bulletin.* Dr. Wilcox's article appeared in the *Medical Fortnightly;* Dr. Church's article, in the *Pacific Medical Journal.* The fourth article does not seem to have appeared in any journal. It was printed directly by the manufacturers, in their pamphlet. So that is the entire "literature" as evolved by the "scientific circles" of this country.

That will do. Sufficient unto the day is the evil thereof.

ATHLETIC SPORTS IN THEIR RELATION TO THE PHYSICAL, INTELLECTUAL AND MORAL DEVELOPMENT.

Begging the pardon of the college athletes, and of the university sports, athletics is a most arrant humbug. The statement, frequently made, that the best athletes are also the best students is as ridiculous as it is false. The truth of the matter is, that the champion athlete is the pet of the college, is treated leniently, and frequenly comes to his passing mark or prize unfairly; that such favoritism exists in most colleges is an open secret. From my personal experience in American and European universities I can say that, as a rule (which, of course, as every other rule has exceptions), the students who possessed the best physique, excelling in all athletic sports, also possessed the dullest intellect. We all, of course, believe in "Mens Sana in Corpore Sano" (a healthy mind in a healthy body), but is athletics necessary to a healthy body? No, a thousand times no! Abstinence from alcoholic and other stimulants, moderation in food, especially animal food (in healthy adults there is never any danger of eating too little), a cold bath in the morning and a warm one in the evening, a brisk walk or ride for an hour or two, and that is all the body needs. All the functions will be kept in normal condition, and the brain will do all the work it is capable of. In fact, tho it may be heresy for a physician to say so, it has always seemed to me that even an ordinarily healthy body is not an *absolute* essential to a great active mind. I reached that conclusion many years ago, thru a careful study of the lives and characters of the great men of all ages —great in science, philosophy, religion and poetry. Only too often have I been struck by the fact that the truly great men (not kings and warriors), those men who move the world, and make the *internal* history of the nations, were physically frail and insignificant, often deformed and afflicted with chronic ailments. I could extend the list a hundredfold, but the following names will suffice: Aristotle, Socrates, Plato, Newton, Leibnitz, Spinoza, Mendelssohn, Pascal, Descartes, Voltaire, Rousseau, Kant, Schleiermacher, Hegel, Darwin, Virchow, Schiller, Heine, Boerne,—every one of them would have been knocked out, in the first round, by a Yale or Harvard freshman. But it does not seem necessary to possess a powerful biceps in order to discover the motion of the planets, to establish a new system of philosophy, or to write the sweetest and most sublime poetry. I am acquainted with many persons whose bodies are withered, whose muscles are flabby, but who, nevertheless, work indefatigably and turn out more brain work in an hour than could ever be turned out by a whole class of college athletes in a year.

I may be old-fashioned, but hidden somewhere in a deep corner there is a belief that the body is frequently developed only *at the expense of the brain*, and vice versa. If there is a harmonious correlation in the workings of the mind and body, there also exists an antagonism. If this is not so, then why is it that in all intellectual giants the sexual and digestive functions are below par? The old Romans were keen observers, and their adage: "Plenus venter non studet libenter" (a full stomach has no desire for studying) is as true now as it was then; a man with an enormous appetite is but seldom a diligent student.

The next point. The athletic sports being essentially brutalizing in their nature (the determination to worst an antagonist at any cost is not one of the noblest sentiments), they have a tendency to lower the general moral tone of the participants. As a proof, witness the students' behavior in this city on Thanksgiving Day after the foot-ball game; or the antics perpetrated on freshmen by the older students, etc.: no assemblage of Paris street gamins, or of Bowery rowdies, could behave worse. To come to the third point: the effect on the physical development. Here the results are most baneful. A hypertrophied

heart is a diseased heart—why not so with every other muscle in the body? I believe that athletics exhaust the potential energy of the organism; and that athletes do not enjoy longevity, has been demonstrated many times. I will not speak here of the fatal accidents accompanying the games of foot-ball, polo, rowing exhibitions, etc. They are conspicuous and known to everybody. But does everybody know how many young men go to ground from a dilated or an enlarged heart, as a direct result of some contest or match? I know a young man whose muscles are as hard as iron, who, towards the end of a rowing contest, fell down exhausted, remained unconscious for over two hours, and has been a physical wreck ever since, suffering from dilatation of the heart. Is this a reward to be striven after? I would say to the presidents of our colleges and universities: Thick-skulled and hard-muscled youth is not an ideal to get enthusiastic over. If you want your idle, sporty and boisterous boys to become true students—manly, studious and intellectual—then abolish sports! Insist upon moderate exercise, but out with "athletics." It works incalculable injury physically, mentally and morally.

THE EDITOR OF THE MEDICAL WORLD, THERMO THE BRIEF AND ANTIKAMNIA.

Oh, Dr. Taylor, how could you, how could you? With all the evidence submitted to you that thermol was a fake, you still had the sublime hardihood to print a eulogistic advertisement of it in your editorial pages! But, perhaps, a few words of explanation may not be amiss. My readers will remember that in March, 1903, I printed an editorial about thermol, in which I showed that it was a humbug, being chemically nothing more or less than impure phenacetin. The Liberty Chemical Company were given the privilege of replying in full to my *expose.* They never took advantage of it. Last October Dr. Taylor wrote me a letter about the "Medical Brief," incidentally mentioning that he saw Dr. Summers, and the latter impugned the motives, and correctness of the statements, of my article. Always ready to take the bull by the horns, I at once wrote back, offering to appoint a commission of three chemists of the highest reputation (one to be named by myself, one by Dr. Taylor, and those two chemists to name a third one) to have them analyze thermol and to give the widest publicity to their decision. Did Dr. Taylor and Dr. Summers accept my offer? Oh, no! A long and interesting correspondence ensued in which, I think, I carried off the victory very nicely, having proven every one of my points, and having put Dr. Taylor and Dr. Summers in a very, very tight corner. I had to go into the most elementary chemical details, because, unfortunately, Dr. Taylor knows nothing of chemistry. (I may print the entire correspondence later.) Finally, Dr. Summers came down personally from Philadelphia to see me. Some things he explained, many others he was unable to explain. On leaving, he promised to send me a certificate from Prof. Sadtler, their former consulting chemist, as to the method of preparation and constitution of thermol. That was in December, and *the certificate has not arrived yet.* And Dr. Taylor knows it. And still he gives thermol a eulogistic write-up in the editorial pages, even bringing in a member of his family!—Evil tongues say that that thermol editorial has some connection with the 1½-page thermol advertisement in the same issue. But, honor bright, I don't believe it. I know, Dr. Taylor, you are above such things. You are merely biased; just a little strabismic.

Now as to the "Medical Brief." I am glad of your cooperation in exposing that arch-humbug; but do not forget that it was the CRITIC AND GUIDE that *started* the crusade against the "Medical Brief," and corrupt journalism in general. The "Medical Brief" is in its thirty-

second volume; you are in your twenty-second, and still you had to wait for the CRITIC AND GUIDE to start the crusade. Because the first scathing *expose* of the "Brief" appeared in the CRITIC AND GUIDE for September, 1903, and the first gun against that journal was fired by me in "American Medicine" for December, 1902. An article about the "Brief" appeared in your journal for July, 1903, but that was a wishy-washy affair. You yourself wrote to me on October 7th (see CRITIC AND GUIDE for December, p. 199): "I read your editorial as soon as the CRITIC AND GUIDE came, and, of course, I liked it. Your idea of getting at the prominent (paid) contributors struck me as *being original;* however, I do not think there is much success along that line, as there are too many so-called eminent men who are in need of money to enable them to maintain their position." And now you follow my original patented idea and attack the "Brief" contributors, without giving Dr. Robinson credit. (This is just fun.)

As to antikamnia, you are also late—fifteen months too late. The scathing editorial against antikamnia, "The Antikamnia Humbug," that went ringing thru the country and made all the nostrum quacks quake (pretty good alliteration), appeared in the CRITIC AND GUIDE for January, 1903.

No, Dr. Taylor, I am glad of your cooperation, but do not try to steal the CRITIC AND GUIDE's thunder. Give credit where credit is due; or, if you have not yet forgotten your Latin, *palmam qui meruit ferat. Au revoir!*

THE PREVENTION AND ABORTION OF GONORRHEA.

The chief rôle of the physician of the future will be not so much the cure as the prevention of disease. "An ounce of prevention is better than a pound of cure" is a very hackneyed expression, but it is true, and to no class of diseases is it more applicable than to venereal diseases. He who is familiar—and what physician is not—with the terrible consequences of venereal disease—terrible not only to the patient, but terrible to his wife, to his children and to the community at large —will agree that he who would succeed in discovering a positive preventive of venereal disease would be a benefactor indeed. In Germany the subject of venereal prophylaxis has been taken up with special enthusiasm, and a movement has been inaugurated, by such men as Neisser, Lassar, Frank, Kopp and Frankel, to impress the laity, especially the young, with the evils of impure sexual congress, both thru public lectures and the dissemination of literature. A beginning has been made in this country, and let us hope that the writings of Morrow, Valentine and Weiss will fall upon fruitful soil, and will impel the American Medical Association, at recent meetings of which the subject has been discussed, to take more decided action in the matter. It is very difficult to convince the Rip Van Winkles in the medical profession that we owe it to the people to warn them against this evil and to educate them in its prevention as much as in the case of other infectious diseases, like typhoid or tuberculosis.

The CRITIC AND GUIDE does not share the silly prudishness, and does not believe in the ostrich-like policy of sticking one's head into the sand, so as not to see the danger. We will keep careful track of the venereal-prophylaxis movement in Germany and France, and will reprint or abstract any interesting paper on this subject.

As the first of the series I take pleasure in presenting in this issue Dr. Bierhoff's paper, to which I had already called attention last December, when it was read before the Harlem Medical Association. The paper deals principally with the abortion and not the prophylaxis of gonorrhea—but where we cannot prevent, to abort is the next best thing. It deserves a careful perusal.

If, as Dr. Bierhoff believes, it is possible by such drugs as nitrate of silver and protargol, not only for the patient to protect himself from gonorrheal infection, but also for the physician, if consulted early enuf, to check the progress of the disease in its incipiency, then a most important advance has been made in the prophylaxis and treatment of an affliction, the ravages of which many physicians believe to be as terrible as those of syphilis.

WHY WE CARRY CERTAIN ADVERTISEMENTS.

We feel gratified at the large number of "requests for explanations" in reference to our advertisements, that we receive from our subscribers. It shows that our readers have confidence in our sincerity. A hypocrite is not requested to explain things. Of late, however, the number of such letters has been too large to permit us to believe that they are all spontaneous. Some are undoubtedly "inspired." But I don't care. I take up the gauntlet gladly; I never evade an issue or a question, and I am glad of the opportunity of explaining things. The greatest number of criticisms so far has been directed against me for carrying Vin Mariani. An unfortunate prejudice prevails among many members of the profession in reference to that preparation. I confess, at one time I myself unreasonably shared that prejudice. When overtures were made to me by an agent to get an ad. from Mariani, I refused. Why? Without really investigating the matter, I had the erroneous impression that it was a cocaine preparation, that it was recommended as a cure-all, etc. One day I received a copy of the Coca Leaf, and superciliously glancing thru its pages, I came across two official analyses of Vin Mariani, which interested me a good deal. I studied the analyses and found that Vin Mariani was not a cocaine preparation at all; that it contained no cocaine, or such an infinitesimal amount as to be negligible. I found further that it was advertised to the medical profession only, and that it was not puffed as a cure for any disease, but merely as a pleasant stimulant, as an adjuvant in convalescence, etc. Under the circumstances I felt fully justified in accepting an ad. of Vin Mariani. I wrote for one, the charming Monsieur Jaros asked for an interview, and the ad. was given and accepted.

Now, really, let us be fair. What is there in Vin Mariani to bar it from the pages of even as ethical a journal as the CRITIC AND GUIDE? In my opinion, formed after an investigation of several months, it is one of the most ethical and professional preparations the physician has to deal with. It complies with the strictest requirements, and with *all* the requirements for an ethical preparation, which I laid down in my editorial: Where Should We Draw the Line? *First.* It is strictly non-secret. And they do not merely tell us the ingredients, but they give to the profession the exact quantitative analysis made by the Government chemist of Paris, etc. And the analysis is so instructive that it is worth while reproducing here. It shows the exact amount of alcohol and the exact amount of *combined* cocaine bases. I wish we could prevail upon the nostrum manufacturers to give us such detailed analyses of their preparations. The nostrum question would soon be solved. Here is the official analysis from the municipal chemical laboratory of Paris:

Density, at 15° C.	1.014
Alcohol, percentage in volume, at 17°	17.07
" by weight, per litre	142.9
Extractive, at 100° in grams, per litre	87.36
Sugar, before inversion, per litre	41.60
" reduced after inversion, per litre	68.80
Sulphate of potassium, in grams, per litre	0.91
Tartrate, in grams, per litre	1.85

Ash	2.24
Acid, calculated as sulphuric	3.13
Acid sulphurous	none
Acid salicylic	none
Saccharin	none
Coloring matter	nothing abnormal
Deviation of polarimeter, before inversion	+2°44′
" " " after inversion	—2°16′
Coca bases, combined in grams, per litre	0.220

(Signed) GIRARD, *Chemist,*
Director of the Municipal Laboratory.

Could any more detailed analysis be given? And do not the figures show that any fear of cocaine habit from Vin Mariani is silly and groundless? Two decigrams of the combined bases per litre!

Second. The preparation is not advertised to the laity, but in the medical journals exclusively. *Third.* No wonderful virtues as a cure for any disease have ever been claimed for that preparation. As said before, it is merely claimed to be an excellent adjuvant in convalescence generally, in debility, anemia, la grippe, etc. And I certainly would prefer it in convalescence to whiskey or brandy, most brands of which are artificial concoctions, containing many impurities, fusel oil, etc. In prescribing that wine, you know just exactly what you are prescribing. *Fourth.* I know of no preparation which carries so many endorsements, from such high sources. I am skeptical towards testimonials, but you will agree that some weight must be attached to the opinions of the most prominent members of the French Academy of Medicine, the most exclusive society in the world. Those high endorsements from Drs. Morache, d'Arsonval, Berger, Blache, Du Cazal (physician-in-chief of the French Army), Surgeon-General Desbrousses, etc., etc., had a good deal of influence on my opinion about the preparation.

No, I am not infallible. I may make a mistake in admitting a preparation not fully worthy of my pages. But, I am sure, this is not the case with Vin Mariani. It is a non-secret, strictly ethical preparation, representing coca at its very best, combined with a dry Bordeaux wine, and is fully worthy of the confidence of those who believe that coca possesses valuable therapeutic properties. There is one more question: Can we not substitute the ordinarily prepared wines of coca for Vin Mariani? Most decidedly not. But arguments would be wasted on a person who thinks that a preparation made from dry, often worthless coca leaves and a cheap California wine (or still worse an artificial concoction) can equal a preparation made from specially cultivated, fresh, aromatic, practically cocaine-free leaves and one of the best South-of-France wines.

I hope my critics will be satisfied. Next!

THE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

Dear Doctor: Of course, you are going to Atlantic City. It would be a shame if you didn't. All the good doctors will be there, and you must not permit anything to keep you back. Nowhere else can you get out so much pleasure and so much information within the short space of four days as you will be able to, on June 7, 8, 9, and 10, at Atlantic City, during the meeting of the American Medical Association. If you were not properly accommodated at New Orleans, don't mind it. Atlantic City is not New Orleans, and there is enuf room and to spare for everybody. Be sure to come!

THE JAMES ALKALOIDAL CO.—A WRETCHED FRAUD!

Our friend Gould says there are different degrees of scoundrelism in the nostrum business. The lowest depths seem to have been reached by a concern styling itself The James Alkaloidal Company, of St. Louis. (By the way, have you noticed how many fakes and frauds originate in St. Louis?) That dastardly concern actually encourages people to use morphine, to become morphine fiends, telling them that by their method of "preparing" morphine, a person can use the drug, without danger of any tell-tale symptoms. "By this combination the tell-tale and distressing symptoms that accompany the use of plain morphine sulph., i. e., contracted pupil, lustreless eye, sallow complexion, and nausea, are overcome. When our Improved Morphia Tablets are substituted by the habitué for plain morphia sulph., they will strengthen the procreative organs and prevent heart depression, nausea, etc." And the whole front page of their circular is occupied by the letter of a morphine fiend, who signs himself McA. D. Campbell, M.D., California, and who writes as follows: "You struck the keynote when you so prepared morphine as to do away with the tell-tale symptoms so dreaded by the habitué, to wit: the sallow complexion, contracted pupil and lustreless eye. I now use your improved morphia tablets, and I defy any one to tell from my general appearance that I am using an opiate in any form. My eyes are bright, my skin is clear, my kidneys and bowels act freely, and I get *exhilaration* from every dose. . . . . I cheerfully recommend," etc. Can degradation go any lower? And must physicians stand the insult of receiving such circulars by mail? And shall such a compan ythat caters to morphine fiends and that actually encourages the morphine habit, by claiming that it has succeeded in doing away with its disagreeable features, be allowed to exist? Let the readers of the CRITIC AND GUIDE answer.

P. S.—On investigating, I find there is no Doctor McA. D. Campbell in any medical directory, of any State. The testimonial is, therefore, most probably a FRAUD. There are the names of four other physicians signed to testimonials in their circular, and which are not to be found in any directory at the addresses indicated. And so the James Alk. Co., besides manufacturing a wretched product, also manufactures testimonials from non-existing physicians, testimonials which disgrace our profession. Let the profession bear that concern in mind!

PREREQUISITE BILL.

The Prerequisite bill passed both houses. The CRITIC AND GUIDE has the satisfaction of knowing that it has been largely instrumental in incorporating in that law the preliminary education requirement. This is the first step. The next step is to put all pharmaceutical education under the control and supervision of the Regents. We venture to predict that before long this will be an accomplished fact.

PAUL EHRLICH,

or Geheimer Medicinal Rath — Prof. Dr. Paul Ehrlich — is not only the greatest living biologist, he is a *genius*. One of the few true geniuses in the medical profession. The banquet that the German Medical Society of New York gave in his honor last night at Delmonico's, was a well-deserved tribute to the greatness to his own brain power. I wish I could give here the gist of Ehrlich's, Jacobi's, Meltzer's, Dunham's and Breitenfeld's addresses—but space forbids and all the pages, but this, are made up. But it was a memorable affair.

ORIGINAL PAPERS

[Contributed to the CRITIC & GUIDE.]

THE TREATMENT OF VALVULAR DISEASE OF THE HEART.

By O. T. Osborne, M.A., M.D.

Professor of Materia Medica and Therapeutics at Yale University. Chairman Section Materia Medica and Therapeutics, American Medical Association.

Tho I have hardly anything new to offer to the readers of the CRITIC AND GUIDE, it seems to me that a recapitulation of the essential points of the treatment of chronic endocarditis or valvular disease will not be unwelcome.

The treatment of valvular disease may be subdivided into:

1. The regulation of the life of a case with full compensation. 2. The treatment of chronic incompetency. 3. The treatment of acute cardiac dyspnea.

FIRST.—The management of a case with compensation. The patient should be cautioned against any exercise or work that causes increased cardiac strain, such as all severe muscular labor, running, rowing, running up and down stairs, or anything that increases the action of the heart, especially if this exercise stops suddenly. If possible, all mental anxiety and worry or any mental excitement, anger, or anything that suddenly starts up the heart and increases the tension of the blood vessels, should be avoided. The bowels should be moved daily, and the diet should be easily digestible and non-stimulating, even best without tea and coffee. The object is to avoid every possible increased cardiac action or nervous closing of the peripheral vaso-motor system, thereby greatly raising the blood pressure and increasing the work of the heart, as it takes so little to upset this naturally established equilibrium. Alcohol and tobacco should be prohibited as tending, the former to excite, and the latter to weaken the cardiac muscle. The chronic use of alcohol predisposes to arterio-sclerosis, while tobacco predisposes to weakening and dilatation of the left ventricle. Any disease or inflammation which occurs in a case with valvular lesions, if it carries with it long-protracted strain on the heart, or if it increases at times the blood pressure, as a severe case of bronchitis will do, requires the greatest of care in handling. If it is a prolonged fever, the convalescence should be protracted and the man be not allowed to go to work till we are sure the cardiac compensation has not been upset. If, on the other hand, the condition is that of bronchitis with a great deal of cough, whether or not he is very sick, he should remain in bed to remove every added strain from his heart. Regular hot tub baths are very useful, perhaps two a week, to keep up a good circulation in the skin and an equalization of the blood pressure. Turkish or Russian baths are to be avoided in cardiac lesions.

SECOND.—Where compensation is failing and dilatation has occurred. The first of all treatments in this condition is bed-rest, where the work of the heart will be reduced to the minimum. Next an easy, assimilable diet, perhaps even a liquid diet for a few days, especially if there is any dyspepsia. The bowels should be moved well daily and once a week with calomel to re-establish a better portal circulation and a better condition in the liver and kidneys, while we are, at the same time, giving a cardiac tonic. Gentle, warm baths are essential to keep up the

surface circulation, the feet warm, and relieve the internal congestions. Of all medicinal agents, digitalis is the best, given at absolutely regular intervals. How far the digitalis treatment should be pushed—I mean, how far the heart should be slowed—depends entirely upon the kind of valvular lesion that we are treating. In mitral disease, and especially with mitral stenosis, we can well reduce the frequency of the heart to seventy, or in some cases to even sixty or less per minute. Digitalis increases the force of the cardiac contraction, especially of the left ventricle, which is what we want in mitral insufficiency, and it lengthens the diastole of the heart, which is what is needed in mitral stenosis. With aortic disease we cannot and dare not use such large doses or force the action of digitalis so far. In aortic regurgitation a prolonged diastole is dangerous, and may cause sudden death; therefore, we do not wish the heart to beat any less frequently than eighty per minute. With aortic stenosis the heart beats slowly naturally; consequently, it does not take as much digitalis to make it still slower, nor would it be well to force the left ventricle with this lesion, lest we cause dilatation. The results of digitalis treatment with the above rest is the amelioration of all the symptoms of lack of compensation. The edema disappears, dyspnea is improved, palpitation of the heart becomes infrequent, the amount of urine is increased, dizziness stops, headache ceases, digestion becomes improved, and the patient can lie down flat in bed and sleep.

Now, what are the signs of too much digitalis? These are, nausea, a diminished amount of urine, tight, bandlike feelings around the head with perhaps some occipital headache, coldness of the hands and feet, frequently located in one extremity only, combined with a feeling of numbness. In such cases we must immediately reduce the amount of digitalis, or change to some other cardiac drug. An accumulative action from digitalis can occur, and in the following manner: A patient is going along nicely with his regular doses of digitalis, when all of a sudden, perhaps with some chilling or a cold, the heart becomes weak, the pulse rapid, there is some backache with diminished secretion of urine, showing kidney congestion, nausea, vomiting, and headache. This patient immediately requires the stoppage of digitalis, good eliminative treatment by Saline Laxatives and by baths, bed-rest for two or three days without any cardiac tonic whatever; then the substitution, for a while, of some other drug. A careful watching of the amount of digitalis given and of results obtained, seeing a patient under this treatment once a month or at least once in two months, will allow a patient to take this drug for months and even years without any symptoms of cumulative action.

If digitalis does not behave well with the case, the next best drug is strophanthus, which acts similarly to digitalis, only less surely. I find the fluid extract of cactus, in doses of from ten to fifteen drops, many times a very valuable cardiac tonic. Sparteine sulphate, in doses of from .01 to .03 (one-sixth to one-half grain), seems to me not only to act as a diuretic, but, many times, to quiet and regulate an irregular heart. If the heart is weak and irregular, but slow, the best drugs to use are caffeine or strychnine. Nitroglycerin in cases of aortic disease, especially where there is increased blood pressure due to atheroma and endarteritis, is sometimes one of the best treatments, especially with aortic stenosis, where we wish to make the pressure ahead as little as possible. Also in mitral stenosis with attacks of cardiac asthma, a little nitroglycerin is of great value in equalizing the circulation.

If compensation has been re-established, but every little while a temporary dilatation again recurs, the Oertel treatment of regulated walking and climbing exercises, with the Schott salt-bath treatment and gentle massage, should be instituted. These are for the purpose of bringing more blood to the muscles and skin, and thus equalizing and reducing the internal blood pressure.

THIRD.—The treatment of acute cardiac dyspnea. Most of us are, unfortunately, familiar with this condition, which so frequently occurs in some of our heart cases.

We combat the attack with digitalis, morphine, strychnine, camphor, nitroglycerin, atropine, or alcohol, and in a few cases, with venesection. It is worse than useless to administer any drug by the stomach in this condition, as there will be no absorption, even if the contents of the stomach are not ejected. The best treatment is, undoubtedly, a hypodermic of morphine in not too large dose, often combined with atropine, if respiratory depression seems imminent. Having given morphine to quiet the nervous excitation, we then dilate the peripheral arterioles with nitroglycerin, either by the mouth or hypodermically.

If the heart is fluttering and very weak, we give a hypodermic of digitalin, $^1/_{80}$ to $^1/_{25}$, and the dose is not repeated within four to six hours, or even longer. This drug would not be indicated had the patient been taking large doses of digitalis. If the heart was slow as well as weak, hypodermics of strychnine may be indicated, or a quickly acting cardiac and cerebral stimulant like camphor, given in saturated solution in olive oil, a hypodermic syringe full every fifteen minutes for several doses if needed. I have purposely left alcohol for the last, for, except in small amount, I am afraid of it in bad cardiac weakness. The secondary effect of alcohol is always that of a paralyzant, and hence an aggravator of cardiac depression. If it seems best to use alcohol in these cases, it should be given in small quantities only, either by the mouth or hypodermically, every half-hour or hour for a few doses, if the results are satisfactory.

[Written for the CRITIC & GUIDE.]

A FEW THOUGHTS ON THE SOLUTION OF THE TUBERCULOSIS PROBLEM.

By S. A. Knopf, M.D., New York.

Vice-President of the American Academy of Medicine; Corresponding Member of the International Central Bureau for Prevention of Consumption; Member of the New York Tuberculosis Committee of the Charity Organization Society; Associate Director of the Clinic for Pulmonary Diseases and Attendig Physician to the Riverside Sanatorium for Consumptives of the Health Department of the City of New York; Consulting Physician to Sanatorium Gabriels, Gabriels, N. Y., to the Consumptive Hospital at West Mountain, Scranton, Pa., to the National Hospital for Consumptives, Denver, Col., etc., etc.

"To combat consumption as a disease of the masses successfully, requires the combined action of a wise government, well-trained physicians, and an intelligent people." This is the motto which I used for my international prize essay, "Tuberculosis as a Disease of the Masses, and How to Combat it." To analyze this motto will give my idea of the solution of the problem.

The federal government should have its department of public health, with more power to act than our Marine Hospital Service. Under the auspices of this department there should be a national tuberculosis commission after the pattern of the British, German and French National Commissions for the Prevention of Tuberculosis.

The individual State governments should work in harmony with the federal department of public health and the national tuberculosis commission; they should create public sanatoria and improve existing hospitals, prisons and asylums, so that they no longer constitute foci of infection, but, on the contrary, become factors in the cure and prevention of disease.

Every State government should, in addition, enact pure-food laws, including, of course, the prohibition of the importation of tuberculous cattle and the sale of tuberculous meat and milk. If the United States Government cannot do so, every State should enact laws to prevent

child labor and to improve the sanitation of dwellings, schools, factories and workshops.

The municipal government should see that all these laws are properly enforced; besides, help, thru local ordinances, to prevent the spread of tuberculosis. Last, but not least, every municipality should help the worthy tuberculous poor, without pauperizing them. They should have a chance to get cured, and during that time those depending upon them as their breadwinners should be supported by the municipality. This should continue until the patient's earning capacity is again established, or those depending upon him can support themselves.

A wise government will appreciate the services of the well-trained physician in the anti-tuberculosis crusade. By entrusting to him the care of its poor for a reasonable remuneration the commonwealth will, thru the timely care of its consumptive poor, be the financial gainer at the end. While working for the community the physician should not be the loser.

The well-trained physician is also a well-trained sanitarian, and among intelligent people, poor or rich, he will be an important factor in the prevention of tuberculosis, for the true physician is a teacher as well as a healer.

The intelligent people, knowing that consumption is a preventable and curable disease, must do their utmost to combine with the government and the physician in its prevention. Well-to-do citizens can help in philanthropic enterprises, such as establishing sanatoria and special hospitals. People of wealth and those of moderate means, and even the poor, can join anti-tuberculosis associations and become active members. These associations teach every layman what he ought to know and what he can do in the combat of tuberculosis as a disease of the masses.

We may thus be justified in maintaining that the solution of the tuberculosis problem is possible, but that a concerted action is necessary, and everyone in private and public life must do his duty.

16 West 95th Street, New York.

[Written for the CRITIC & GUIDE.]

THE TREATMENT OF PNEUMONIA IN CHILDREN.

By L. Jacobi, M.D., New York.

Whatever the enthusiast may say to the contrary, it is our belief that any attempt at the aborting of pneumonia, after the disease has become well established, is futile. We do not say that nothing can be done for the pneumonia patient, but the treatment must remain chiefly expectant and symptomatic. In no disease is it so true as it is in pneumonia, that all we can do is to alleviate, to relieve, to watch, and to guard against sequelae.

The room of the little patient should be well ventilated, the temperature ranging between 65 and 70° F. The diet should, of course, be exclusively liquid and concentrated. The feedings must be small in amount and frequently repeated. A distended stomach should be guarded against by all means. The reasons are obvious. As articles of diet we may mention diluted milk, white of egg, custard, strong broths, meat juice, and ice-cream. The latter, provided it is perfectly fresh and prepared of the purest materials, is a very grateful and very useful article of diet both in children and in adults.

As to alcohol we are still old-fashioned enough to consider it both a food and a stimulant, and in our opinion it fulfills a double purpose in pneumonia, and should be administered frequently in small quantities. The best form is either very pure whiskey or champagne. Constipation *must* be guarded against, and in children can best be guarded against by small doses of calomel.

Hydrotherapeutic measures are undoubtedly useful, but they must be used judiciously and with discrimination. A towel wrung out of cool water and applied to the chest, then covered with oil-silk and flannel, is the best form of local application. Cold clothes or small ice bags to the head act not only as a sedative, but also reduce the temperature. A word about temperature. If the fever is mild, it should be left alone. Hyperpyrexia is best treated by cold sponging with diluted alcohol. Coal-tar antipyretics should be altogether avoided, or used only in the rarest instances.

What is our chief danger in pneumonia? Strange as it may seem to many practitioners, it is not respiratory failure, but it is cardiac weakness, or cardiac toxemia.

How shall we treat this? The ideal way of treating cardiac weakness in pneumonia is to prevent its onset. In no class of cases is prevention so much superior to cure. In my opinion, small doses of cardiac stimulants—I emphasize the word small— given from the very beginning, will prove effectual in the majority of cases, in preventing that cardiac debility which carries off so many of the little patients. Caffeine, in doses of from ½ to 3 grains, according to age, or caffeine sodium-benzoate, in double the quantity, or camphor, in doses of from ½ to 2 grains, every two to four hours, ammonium carbonate or, better, liquor ammonii anisatus, should be given from the start. Very valuable in cardiac emergencies is strychnine, best given hypodermically in doses of from $^1/_{120}$ to $^1/_{60}$ of a grain (for older children). A solution of camphor in sweet almond oil (1 to 10), a syringeful hypodermically, to be repeated frequently if necessary, will often help to tide over a dangerous period. Digitalis in pneumonia seems to be of inferior value.

As a rule, no one stimulant ought to be employed continuously for any length of time, but rather should the various cardiac tonics be exhibited alternately. An excellent measure in threatening collapse, especially in the bronchopneumonia of children, is the "mustard pack." A handful of mustard flour is added to a basin of hot water and stirred until the volatile oil strikes the nostrils. A towel or cloth is then soaked in the water, wrung out, snugly wrapped around the child's thorax, and covered with a piece of flannel. After fifteen or twenty minutes this application is removed. Prompt improvement in the general condition of the little patient usually follows, and is especially marked in the easier breathing. This measure may be cautiously repeated at intervals of not less than six hours. Intense dyspnea is also relieved to some extent by inhalations of oxygen. Individual symptoms, such as pain in the chest, sleeplessness, delirium, and headache, call for the usual remedies, such as a dose of Dover's powder or of a bromide, strapping the chest, etc. The cough mixtures usually prescribed are not only useless, but often injurious, by disturbing the stomach.

I believe the above-outlined treatment will yield as good results as we can expect to obtain with our present state of knowledge.

[Written for the CRITIC & GUIDE.]

TREATMENT OF ERYSIPELAS.

By A. Herzfeld, M. D., New York.

According to the latest researches, erysipelas has by no means a sharp and well-defined etiology, but is a disease which is caused by various organisms. Klemm[1] found that erysipelas and the deep-seated phlegmon are caused by the same streptococcus. His investigations have shown that a constant purulent discharge from any source, containing any streptococci, is liable to produce erysipelas; hence, such patients should be isolated. So, for instance, eleven cases of erysipelas were caused by the purulent discharge of otitis media, exist-

ing in a boy who was a patient under the most hygienic surroundings in a hospital. Other cases of erysipelas were caused in the same hospital by a case of osteomyelitis; in both cases streptococci were found in the pus. After their isolation, no more cases of erysipelas occurred. Jordan[3] found that erysipelas is caused not alone by the streptococcus, but also by the staphylococcus aureus, pneumococcus, bacillus typhoideus and bacterium coli. The infective organism causes first a serous exudate which may assume a purulent character; necrosis of tissue may take place, particularly in such structures which are subjected to pressure by fascia and in lymph nodes. Erysipelas in its uncomplicated state is not very contagious, as the source of infection rarely, and only under the most favorable conditions enters the outside air; hence, we do not need to be over-anxious to isolate our patients. The course of the disease can never be predicted, as light cases may assume a serious aspect and vice versa. Cases commencing with high temperatures, rapid pulse, and involving a large area, are usually of a more serious nature. With these introductory remarks I wish to say a few words on the modern therapeutics of erysipelas.

The etiology not being well defined, the treatment has been empirical and symptomatic, adapted to the locality, intensity, and form of the disease. In the empirical treatment of any disease, one will consider such treatment the best with which we have gained the best results; hence, it is improper to speak under these circumstances of "established" treatment. We are all subjected to autosuggestion, and a great deal of personal equation enters into our observations; hence, the fallacy of many statistics, all of which have to be taken "cum grano salis." Pollatschek[3] publishes his experience of the treatment of 300 cases of erysipelas. He used a number of therapeutic agents in the treatment of the disease, and as the best method he found frequent applications of a solution of aluminium acetate in the acute stage, and, after all acute symptoms have subsided, he advises the use of borated vaselin. This method he found superior to mesotan which caused frequently an acute eczema. He also used intravenous injections of collargol and the red-light treatment of Finsen. The latter method showed no advantages whatsoever. Another therapeutic agent which he used was anaesthesin (Ritsert); it relieves the pain, but it is not a cure for the affection. Pollatschek had 4.6% deaths in 300 cases.

Max Jerusalem[4] recommended the thermophor which, apparently, did not come into much use, and the same can be said of Kraske's method, multiple scarifications or incisions around the border line of the affected area and rubbing into these a 1:1000 solution of bichloride of mercury. A. de Martigny[5] and Wm. Murell[6] recommend Marmorek's serum. The recommendation and use of all these therapeutic agents demonstrate conclusively the fact that we are still looking for a specific treatment of erysipelas; we have yet no antidote, no antitoxin, no remedy, that will stop the disease suddenly; erysipelas will run its course; all we can do is to beneficially influence the affection, in relieving distressing symptoms and to keep up the patient's general condition.

In the following lines I will briefly state my experience in the treatment of the disease: I have used the alcohol treatment, Unguentum Hydrargyri, the iodine treatment in the form of tincture of iodine, compound tincture of iodine and the compound iodine ointment; I also used liquor Burowi (alumin, acetate), Unguentum Credé, borated and carbolated vaselin, etc. However, I have obtained my best results with the method which I hereby describe:

The affected surface is first washed with pure alcohol, after which an ice-cold, diluted solution of subacetate of lead, to which Tinctura Opii is added in the proportion of 1 oz. to a pint, is constantly applied. The affected surface is kept constantly moist by these applications, which have the advantage of relieving the pain considerably. If very large

quantities of the above solution are required, and in the practice among the poor, I am in the habit of prescribing it as follows:

℞ Liq. Plumbi Subacetat.
Tinctura Opii, āā partes æquales.

Two tablespoonfuls of this mixture to one pint of water will answer our purpose. After all acute symptoms have subsided, ichthyol is applied to the affected surface in the form of an ointment, 10-50%, the basis of which is Adeps Lanae. I prefer woolfat as a basis of an ointment for the following reasons: It is neutral in its reaction; does not contain any fatty acid, nor any compound which will produce a fatty acid; allows an easy and rapid penetration of the medicament into the skin, and it is not readily affected by chemical change. It is well known that the older ointment bases, such as lard, unguentum simplex, vaselin, oleates, oils, or other greasy materials, are inferior to lanolin, as they often irritate the skin, and the absorption of the medicament, which they contain, takes place rather slowly.

In the internal treatment of the disease, salol in powder has been of the best service to me. In addition to this treatment, some severe cases may require the use of stimulants for cardiac depression, hydrotherapeutics for hyperpyrexia, while necrosis and suppuration may require surgical interference.

1. Mitteil. aus den Grenzgeb. der Medizin und Chirurgie Bd VIII Heft 3.
2. Münchener Mediz. Wochenschrift 1901 No. 35.
3. Pollatschek Therapie der Gegenwart 1903 No. 11.
4. 73. Versammlung der Naturforscher und Aerzte, Hamburg.
5. Montreal Medical Journal, November 1899.
6. Lancet, June 24, 1899.

224 West 24th Street, New York.

SEXUAL NEURASTHENIA.

By F. R. Robinson, M.D., Boston.

This term may be used to cover a very broad class of cases in both sexes. The average physician sees comparatively little of them, partly because he does not seek them, but more particularly because the victims are ashamed to consult with a physician who knows them. Consequently most of these cases become the prey of the quack. This class of practitioners is always on the lookout for such cases, in fact manufactures many of them out of whole cloth.

Sexual neurasthenia, like all other forms of this disease, has many symptoms. As the ones most noticed by the patient are those connected with the sexual organs or powers, the name is on the whole appropriate. The causes of this trouble are both mental and physical. The physical causes are sexual excesses, including masturbation, and venereal diseases, with the contributing causes of excesses in diet, drinking, the use of tobacco and the like. All forms of intemperance lead to it. The mental causes are most often the result of reading so-called medical

booklets, which are scattered about to trap the unwary. This is especially true of the male sex; much less so of the female. In her case the trouble is much more likely to be brought on by the incessant demands of the husband, or is caused by her inability to enjoy the sexual act properly. This leaves her nerves in an irritated state and sooner or later shows its effects.

An extended experience in this class of cases has convinced me that a large number of them in men are the result of psychologic forces set in motion by the perusal of quack literature. This gets into the hands of a young fellow who, of course, has masturbated at some time in his life. It convinces him that he has spermatorrhœa, varicocele and the like, and that he is far on the road towards the insane asylum. He is scared, of course, and this naturally causes more or less loss of sexual power. He perhaps discovers this by an attempt at illicit intercourse, and is at once enrolled in the ranks of the "lost manhood" army. He probably consults quack after quack, and gets worse all the time. Any treatment which he receives is merely something in the line of a stimulant, which, if it gives him any more sexual powers, does so at the expense of his nervous system.

There is really no organic trouble with these men, and if they have confidence in the physician, it has been my experience that they yield to treatment and "suggestion" very readily. The cases of "lost manhood" which are due to organic causes, or to the effects of gonorrhœa, do not belong to the class called neurasthenia.

The symptoms are about as follows: They read much like a recitation, and in a sense they are, for they have been learned from the aforesaid booklets. Most of them would be entirely unknown by the victim if not brought to his attention in this way. Here is the story. Night losses, losses at stool and in the urine, urine cloudy upon standing, loss of erectile power more or less complete, premature ejaculation, shrunken organs, varicocele, bashfulness, flushing of the face, despondency, capricious appetite, insomnia, distaste for society, and, finally, constipation.

In my own experience the prognosis is good if the neurasthenia is uncomplicated. You must gain the confidence of the patient, and persuade him to continue treatment long enough, but if these two things are done you can cure a large percentage of such cases. There can be no routine treatment; each case must be studied carefully and the special points met as they arise. I cannot lay too much stress on the "suggestive" part of the treatment. You must control the patient's thoughts, and the more thoroly you are able to do this the better and quicker you will be able to cure him. Wrong thinking is the cause of most of his trouble, and right thinking is the only cure; you must supply the right thoughts and see that he thinks them.

See that all your patients thoroly understand that occasional night losses are not pathologic. The great bug-bear of the quack is this occasional loss of semen at night, and the patient is told that "every drop so lost is of more value than a teaspoonful of blood," etc. Rid him of this idea. Temperance must be the keynote of the life of the man who wants to recover from this trouble. He must eat, drink, sleep, and work temperately; there must be no excess in anything. I forbid all attempts at sexual intercourse, and refuse to treat a case unless the patient obeys me in this respect. This gives a complete sexual rest, and the psychic effect is marked. Alcohol is fatal to success. A cool or cold sponge bath to the spine every morning is indicated in most cases. Once a week I have the patient paint the full length of the spine with tincture of iodine. Here, too, I presume the psychic effect is much more marked than the physical, but it certainly is good. The bowels must be regulated and kept so. I prefer Abbott's Saline Laxative. A teaspoonful or more of this in half a glass of water before breakfast is sufficient in most cases; if not, give all that is needed, but see that the bowels are free and move every day.

There is usually a local irritation, a catarrh, in the region of the prostate. This is the cause of too frequent emissions, premature ejaculations, so-called losses at stool and in the urine. My first prescription for this is Anemonin, one granule gr. $^1/_{134}$ every three hours, with three granules of Cypripedin gr. $^1/_{12}$ at the same time. This will control a large number of cases. The passage of the cold sound works well in most cases. The sedative current from a fine wire faradic coil is also good. When these fail I make injections into the deep urethra of Euarol with a long nozzle syringe. This is a mixture of Europhen and Aristol with a petroleum base, and has given me excellent satisfaction in such cases. Use a little cocaine at first, if there is much tenderness; a few drops of a cocaine solution used before the deep injection will make it painless; it is also well to clean the urethra first with peroxid of hydrogen. The Euarol must be warmed as should all solutions used for the urethra.

All these cases need a good tonic. My first preference is for the tablet containing the triple arsenates (iron, quinine and strychnine) with nuclein, put up by the Abbott Alkaloidal Co. Sometimes I use the triple arsenates alone.

An occasional change in treatment is often good policy, even if not necessary in reality. These patients are always in a hurry, and while of course it is impossible to hurry nature the patient will really get along faster if he thinks you are trying as hard as possible.

THE ABORTIVE TREATMENT OF GONORRHEA IN THE MALE. *

By Frederic Bierhoff, M.D., New York.

The attempts to devise an abortive treatment of gonorrhea did not originate in the immediate past, but were already tried in the days preceding the discovery of the gonococcus, by Ricord, Diday, and others. To those familiar with the severity of the complications and sequelæ of gonorrhea, as well as its wide spread thru all the strata of society, the possibility of aborting this disease, in its earliest hours, or days, must appear almost as a blessing, if the cure can be effected without harm to the patient. There are two methods of achieving this result now at our disposal, viz., the *prophylactic,* by means of which those gonococci which may have obtained lodgment in the urethra are killed immediately, or shortly after the infective coitus, and the development of an inflammation prevented; secondly, the *abortive,* by means of which the already developed gonorrheal urethritis is cured in a few days, and the pathological changes, which such an inflammation produces, are reduced to a minimum.

The prophylaxis, which is being more and more adopted, is the ideal treatment. It is possible in either of two ways: either thru the use of a reliable condom (preferably of fish-skin), or thru instillations, injections, etc., of the gonococcicide drugs, immediately after coitus. Thus Haussmann, Kopp and Blokusewski recommend the instillation of a few drops of a two per-cent. solution of nitrate of silver. Probably the greatest credit, in this direction, is due to E. R. W. Frank, and Welander, for their studies in the prevention of gonorrhea, by means of protargol solution. Both, working independently of each other, succeeded thru their inoculation experiments with fresh gonorrheal pus, in demonstrating conclusively that it is possible to *prevent* gonorrhea. I have adopted the prophylactic measures, in my practice, and recommend my patients to instil 2 to 3 drops of a 10 to 20 per cent. solution of protargol in glycerin into the fossa navicularis, as soon as possible after the suspicious coitus. In one case it was possible for me to discover the gonorrheal infection within ten hours after the suspicious intercourse, and to abort the disease with a single injection of 8 c.c. of a two-per-cent. protargol-glycerin-water solution. This case, which I have not included among the thirty cases referred to further on in this article, I was able to control exactly, and I found, on the first examination, *distinct,* although few, gonococci, in the urethral scraping; at several points there were already distinctly gonococcus-bearing

* Read before the German Medical Society (New York), December 7, 1903; Harlem Medical Association, January 6, 1904.

pus-cells. Control examinations were made after one, four, eight, twenty-four and forty-eight hours. Already after *one hour* the secretion, which was called forth profusely by the injection, was free of all germs, and remained so, which fact I was able to determine by repeated subsequent control-examinations, during a period of several months. The discharge rapidly lost its purulent character, after the cessation of treatment, to become purely epithelial within twenty-four hours, and disappeared entirely after another twenty-four hours.

As is the case with the prophylactic, so the possibility of an abortive treatment depends upon the fact that the gonococci, in the earliest days, when not abnormally virulent, or brought to virulence thru irritants, or injury, or a markedly diminished power of resistance of the tissues, have a tendency to remain confined to the fossa navicularis, because the walls of the fossa navicularis are covered with stratified, squamous epithelium, which, as is well known, is resistant to the action of this germ. I am of the opinion that many a gonorrheal infection of low virulence dies out, upon the epithelium of the fossa navicularis, without its bearer having been aware of the fact of the infection. As a result, in all probability also of this power of resistance, the changes in this part of the urethra, demonstrable after the cure of a gonorrhea, are very slight.

If we see a case of gonorrhea early, that is, at the very beginning of the appearance of the visible discharge, then we notice, in addition to the usual reddening of the urethral orifice, beginning hypersensitiveness and a rapid increase in the number of leucocytes, as proofs of the fact that the infection has passed beyond the fossa navicularis, and has begun to develop on and penetrate between the cylindrical epithelia of the pars cavernosa. We also notice that the gonococci which, in the first hours after infection, and so long as the process had been confined to the fossa navicularis, had almost entirely been *extracellular,* now more and more come to lie *intracellular* (I refer to secretion obtained with the loop, just within the meatus, without the exertion of any pressure or stripping of the urethra, the secretion then being gently spread out, on the slide, with the loop. Not by drawing it off with another slide). The more the process extends over the pars cavernosa, and the deeper into the tissues that the infection penetrates, the less are, in my estimation, the chances for the success of any abortive treatment. The sooner one begins with the treatment, the greater are the chances of success, in the absence of complicating conditions. The complicating conditions are the presence of remains of pre-existing disease; for instance, chronic gonorrheal infection of the lacunæ, glands of the Littré, or prostate; and congenital malformations of the urethra, such as paraurethral passages, or abnormal width, or depth of the lacunæ.

The method of treatment has differed, with different investigators. Ricord, Debenay, Diday and others employed injections of nitrate of silver, in solutions up to five per cent. in strength. Delefosse instils a two to two and one-half per cent. solution of the drug, by means of the Guyon instillation syringe, into the urethra, applying it to the membrane, from the bulb to the meatus. This is repeated on the following day. If, on the third day, gonococci are still present, a two-thirds to one-half per cent. solution is employed. Pontopiddan reports on 160 cases treated with the two per cent. solution. He applied several drops to the fossa navicularis, after the patient had urinated. In one-third of his cases the disease was aborted; in the rest, the disease ran a mild course. Ullman injected 3 to 5 cc. of a two per cent. solution, 4 to 5 cm. into the urethra, the solution being retained for two minutes; he also reports positive results. Welander recommends, in fresh, at most two to three days' old cases, that the urethra be first wiped clean, and, following this, the injection of a two per cent. solution, which is retained for two minutes. Fèleki recommends, in fresh cases, the penciling of the urethral wall with five per cent. solution, thru the endoscope. He states that, where the secretion was slight and of a serous character, one application sufficed; in other cases it had to be repeated, after two to three days. He claims to have had no complications.

Engelbrecht recommends irrigations, according to the Janet method, with 500 to 600 cc. of a one-fifth to one-third per cent. nitrate of silver solution, after preceding cocainization of the urethra. He claims to have cured nine-tenths of his cases in two days, after four applications. Neisser recommends early irrigations with silver nitrate solution of 1 : 3,000 to 1 : 1,000 strength; Finger and Jadassohn report that they have had no success with this method. Tarnowsky is reported to have cured 40 to 50 per cent. of his cases of acute gonorrhea, in four days, by means of nitrate of silver solution; but reports that, in those cases which resulted negatively, the symptoms of inflammation were increased to such a degree that the treatment had to be abandoned. According to the reports of most of the observers, the reaction following the abortive attempts with nitrate of silver solution is very severe and, at times, severe complications arise, resulting even in death, as in a case reported by Cullerier and Guyon.

Another variety of the abortive treatment is the application of Janet's method and its modifications. The irrigations with permanganate of potassium are recommended by Janet himself, by Valentine, Goldberg and others; Wossidlo, Horwitz, Weiss and Christian express themselves against the method, as an abortive.

Since we have come into possession of the various drugs, such as protargol, albargin, ichthargan, argyrol, etc., which destroy

the gonococcus where they can reach it, while they irritate the mucous membrane but little, various investigators have tried the abortive treatment with these remedies. Thus Ahlstrom reports on 100 cases which he treated abortively. Twice daily, for the first four or five days, he injected 5 to 10 cc. of a two to four per cent. solution of protargol. For the next three to five days the patients themselves injected with a one to two per cent. solution, which they retained in the urethra for ten to fifteen minutes. In only 13 per cent. was there a negative result; in 8 per cent. he saw complications. He must have had model patients to deal with, since the large majority of patients complain, even with injections of a one per cent. solution, of almost unbearable pain, when the solutions are to be retained in the urethra for ten minutes. Or are our American patients, perhaps, weaklings, when compared to the European? I have found, too, that with such strong solutions the other symptoms of irritation are so severe that I should hardly recommend them. Neisser and Blaschko speak in favor of the early treatment of gonorrhea, with three to four per cent. protargol solution; Wossidlo, on the contrary, saw no benefit from it, but, rather, unpleasant results.

Casper states that he cannot say of a single case that the beginning gonorrhea was checked by means of the abortive treatment, and would, therefore, recommend its abandonment under all circumstances. Von Zeissl states that he cannot recommend it. Finger states that he believes the rapid cure of gonorrhea to be an impossibility.

Thus we see that the views for and against the abortive treatment of gonorrhea are varied.

Before the urological division of the Thirteenth International Medical Congress, Frank reported upon a series of 60 cases which he had treated according to the abortive method devised by Lewin and himself. The method, whose application and trial I had the pleasure of witnessing, during their experiments, is reported as follows: "After the microscopical diagnosis has been made, the patient passes water. If the second portion of the urine is clear, the anterior urethra is next irrigated under light pressure, with one-quarter per cent. protargol solution, until the fluid returns clear. If the patient is very sensitive, a solution of cocaine, to which, as a precaution, some protargol has been added, is injected into the urethra. Following this we make a large irrigation of both portions of the urethra, with a similar protargol solution, according to Janet's method. The solution is allowed to flow until the patient notices a desire to urinate; that is, about one-quarter to one-half liter, whereupon he empties the bladder. This procedure is repeated upon the following two days." Frank reports upon 60 cases treated by this method. In 27 (45 per cent.) the result was positive; that is, after three irrigations (in

one instance after a single one) the gonococci were definitely destroyed. In 26 cases the result was negative. In three of these negative cases gonorrheal infection of paraurethral passages was discovered; after incision of the passages, further two to three irrigations cured the cases. In two other cases, the presence of congenital folds and valves, with narrow meatus, was the cause of the negative result. In 21 cases the prostate was infected, and Frank believed that this infection had already existed at the time the attempts to abort the disease were begun. The remaining seven cases withdrew from treatment, to present themselves later as cured.

My observations, made at the time of Frank's experiments, determined me to test this method of abortive treatment. Altho I have, as a result of circumstances, slightly modified the plan of treatment, to meet the requirements of my patients, it remains, in principle, that laid down by Frank and Lewin. In order to be able to control the cases more exactly, I employed it only in the cases of intelligent private patients, who, as soon as they realized the aim of the measures, were willing to help me with all their power. The method employed was as follows: A microscopic examination of the secretion was first made. If the discharge was slight, and if the majority of the gonococci still were extracellular, then the protargol solution was employed in the strength of one-sixth to one-third per cent. If the discharge was at all pronounced, or if the greater part of the gonococci were intracellular, then a one-third to one-half per cent. solution was used. The method was employed, naturally, only in those cases in which the second urine was clear. After urination, the urethra was anesthetized by an injection of a mixture of 4 cc. of a one per cent. cocaine solution and 4 cc. of a one per cent. protargol solution. After this the anterior urethra was cleansed with 150 cc. of the protargol solution. Following this, an irrigation of the whole urethra was made, according to Janet's method, with 150 cc. of the solution. The patient then emptied his bladder of the irrigated fluid. This irrigation of the entire urethra, with immediate emptying of the fluid, was repeated from one to three times in the same sitting, so that the urethra was flushed four to eight times. In addition, the patient was given a solution of protargol, one-half per cent., with which he was instructed to inject three to five times during the day, and to retain the fluid ten minutes each time. During the succeeding days, if the gonococci had disappeared, the strength of the solution and the quantity of fluid injected were diminished, to be suspended, if the result was positive, on the fourth or fifth day, at the latest. The injections by the patient were also diminished and suspended in a similar manner. Then followed the usual provocative tests and control examinations. I will state, at this point, that I consider the continued absence

of discharge, and the absence of gonococci from the shreds (which should be only minimal and chiefly epithelial), from the prostatic secretion (which must also be free of pus-cells), and from the urinary sediment, and this in spite of the tests of cessation of treatment, indulgence in alcoholics, irritating injections, and coitus condomatus, to be a proof of cure, if, after control examinations covering a later period of several weeks, the patient still remains free of discharge and gonococci. Cultures; I believe, should be employed in every doutful case. I do not, however, believe them to be an absolute necessity to determine the fact of a cure.

In all, I have employed the method in 30 cases (up to Nov. 1, 1903). In 15 cases (50 per cent.) the result was positive; in 15 (also 50 per cent.) negative.

[Here follow detailed statements as to the day of the disappearance of the gonococci, etc. The author concludes:]

I know that the number of my cases is too small to allow me to draw definite conclusions; neither do I wish to claim that the method mentioned in this article is the best one. I only wish to present the experiences I have gained thru its application as proofs of the facts: That the abortive treatment of gonorrhea is possible; that if it be employed *early,* the percentage of cases in which a positive result may be obtained is a fairly large one; that when one employs only those drugs which, while they kill the gonococci, do not injure the mucous membrane, the percentage of complications will, most likely, be smaller than has heretofore been supposed; and, finally, that, should the attempt to abort the disease fail, the patient will not have been injured.

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ON

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By WILLIAM J. ROBINSON, PH.G., M.D.

(*Contiuation*)

154—Kali Hypermangan..... 0.5
Argenti Nitratis..... 1.5
Aquæ Destillatæ.....25.0

Of course, the permanganate dissolves readily in water and so does the silver nitrate; but on mixing the two solutions a precipitate of silver permanganate will form, the latter being soluble only in about 15 parts of water, according to my investigations. Of course, the silver permanganate will not remain long as such, it being soon decomposed into silver oxide, metallic silver, potassium manganate and manganese dioxide (or manganese hydroxide).

155—Sod. Salicyl..... ℥v
Sod. Bicarbon..... ʒiij
Aquæ Menth. Pip..... ℨiv

The patient should be told that the medicine will darken after a while, so that there will be no cause for alarm. A solution of commercial sodium salicylate always gets somewhat brownish, and especially does the color develop in the presence of an alkali.

156.—Magnes. Sulph..... ℨijss
Spts. Menth. Pip..... ℨiss
Aquæ..... ℨiij
S.: Two teaspoonfuls every 4 hours.

There is just about enuf water in this prescription to dissolve the magnesium sulphate. It will be a fully saturated solution. But on adding the spirit of peppermint, the entire mixture becomes, so to say, solid, the magnesium sulphate being thrown out of solution. Does any chemical reaction take place? None at all. It is a purely physical process. The $MgSO_4$ is insoluble in alcohol; the latter, besides, possesses strong hygroscopic properties, and abstracts the water from the salt. This salt, having no solvent in which to keep dissolved, precipitates out.

157.—Hydrarg. Chlor. Mit ..... gr. ij
Antipyrine 3ss
Sod. Bicarb 3ij
M. et ft. pulv. no. xij. S.: One every hour.

In one of the early prescriptions (No. 37) it was stated that when calomel is triturated with antipyrine, some corrosive sublimate is formed. The following reaction is supposed to take place:

$$\underset{\text{Calomel}}{3\,Hg_2Cl_2} + \underset{\text{Antipyrine}}{2C_{11}H_{12}N_2O} + \underset{\text{Water}}{H_2O} = \underset{\text{Mercurous oxide}}{Hg_2O} +$$

$$\underset{\text{Mercuric Chloride}}{2\,HgCl_2} + \underset{\text{Metallic Mercury}}{Hg_2} + \underset{\text{Antipyrine hydrochlorate}}{2C_{11}H_{12}N_2O\,HCl}$$

Pains were taken to explain that, as but a small proportion of the calomel (one-tenth or less) is converted into corrosive sublimate, little hesitation need be felt in dispensing calomel and antipyrine, when the former is prescribed in small doses, as fractional parts of a grain. The above prescription may be dispensed with safety, as the prescribed dose of the calomel is but $^1/_6$ grain, and the sublimate that will form will not exceed $^1/_{60}$ or $^1/_{100}$ grain.

As to the incompatibility between the calomel and the sodium bicarbonate, the author considers it imaginary. At any rate, for practical purposes it may be disregarded altogether, as even some of those who claim that the two chemicals are incompatible, say that it takes from six to eight weeks before any corrosive sublimate is formed. Far from considering them incompatible, I, together with the entire medical profession, consider calomel and sodium bicarbonate a very eligible combination. When calomel is prescribed in large doses, the tendency to griping seems to be distinctly obviated by the addition of a little sodium bicarbonate.

158.—Morph. Mur ..... gr. ij
Potass. Cyanidi ..... gr. ij
Syr. Ipecac 3ij
Vin Antimonii 3ij
Syr. Tolutani ..... ℥ss
Aquæ ..... q. s. ad ..... ℥ij
S.: 3j q. 4. h.

This mixture, which was dispensed without a shake label, caused quite alarming symptoms towards the end. The symptoms were those of an overdose of morphine, combined with those of an excess of cyanide. The potassium cyanide reacts with the morphine salt, precipitating it as morphine cyanide; and a small portion may be precipitated as free morphine by the potassium carbonate, which is usually present in potassium cyanide. It is best not to dispense this mixture. If it is, a shake label should accompany it invariably.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation.*)

Fanghi di Sclafani. A mineral substance of volcanic origin, of a light-yellow color. Its principal constituent is sulphur in a very finely divided form. Has been used in acne rosacea—rubbed up with water and applied at night—with alleged success.

Ferratin. Ferri-albuminic acid, or sodium ferro-albuminate. One of the numerous organic preparations of iron. Claimed to be identical with the form of iron as found in the liver, from which it can be easily extracted. It is prepared artificially (egg-albumen, caustic soda, iron tartrate and tartaric acid) and contains 7 per cent. of iron. Reddish brown powder, odorless and tasteless and soluble in water (there is an insoluble form.) Said to be an excellent hematinic, being readily absorbed by the system and producing no deleterious effects of any kind on the gastro-intestinal mucosa. Dose: 8 grs. 3 times a day; for children, 1 to 4 grs.

Ferratose. Liquor Ferratini. Ferratin in liquid form.

Ferri Alginas. (Alginate of iron.) A combination of iron with alginic acid. Brown powder, insoluble in water. Claimed to pass the stomach unchanged. Dose: 3 to 6 grs.

Ferrinol. Nucleid of iron. A combination of iron with yeast nuclein, containing about 6 per cent. of Fe. Cinnamon-brown powder, soluble in warm water, from which solution it is not precipitated by the ordinary iron reagents. Hematinic. Dose: 6 to 15 grs.

Ferropyrine. Ferripyrine. Contains 64 per cent. antipyrine and 36% ferric chloride. Made by mixing antipyrine with solution of ferric chloride. Orange-red powder, *non*-hygroscopic (ferric chloride is very much so.) Sol. in water and alcohol. While it is recommended internally in anemia, migraine, etc., its principal use should be that of a hemostatic and astringent. There are very few remedies equal to it as a local hemostatic, for which purpose it may be used pure or in 20 per cent solution. As an injection in gonorrhea 1 or 1½% sol. may be used.

Ferrosol. A double saccharate of ferrous (?) oxide and sodium chloride. Clear dark brown liquid. Used in anemia and chlorosis in doses of one teaspoon 3 times a day.

Formaldehyde. Formic aldehyde. Oxymethylene. CH_2O+Water. Formaldehyde itself is a gas and is prepared by the reduction of wood alcohol, (by passing the latter over glowing coke or platinum: $CH_3OH—H_2=CH_2O$). But in pharmacy or medicine when we speak of formaldehyde, we generally understand the solution. This solution is a concentrated solution, containing about 40 per cent of formaldehyde gas (it is generally marked 40 per cent, but as a matter of fact it

contains only about 34 to 36%). Considerable confusion exist in the minds of physicians and pharmacists as to the percentage of formaldehyde. I have been frequently asked by pharmacists what they were to dispense when a physician prescribed: Formaldehyde 1%, or Formaldehyde, 5%, etc. Does it mean that the solution was to contain 1 or 5% of formaldehyde *gas* or 1 or 5% of the commercial formadehyde solution? Similar questions have been asked by physicians when coming across such expressions in literature. To make the matter clear, I will say that the commercial solution is referred to. When a doctor orders a 1% solution of formaldehyde, 1 part of the commercial 40% solution is to be mixed with 99 parts of water; similarly with other strengths.

Formaldehyde solution is a clear colorless liquid, of a very pungent odor and taste. One of our most powerful disinfectants and antiseptics. Its field of application is constantly widening. As a disinfectant it may be sprinkled in 2 to 5 per cent solution over the room, or clothes saturated with the solution may be hung about. But a more convenient method is by the use of the various lamps and disinfectors in which formaldehyde is generated by heating paraformaldehyde (trioxmethylene). Thirty to forty grains (2 to 2½ Gms.) are required for each 35 cubic feet of air space. While the results of formaldehyde disinfection are very satisfactory on surface objects, it is said to be less efficient in disinfecting mattressess, pillows, etc. the vapors not penetrating thoroly. The vapor is also claimed to be of some value in whooping cough and phthisis. In the latter disease it is also used in 1 to 2% spray or inhalation. In surgery and as a general antiseptic it is used in ¼ to 2% solutions. In otitis media it is recommended in 1% solution as an injection (5 drops of formaldehyde solution to 1 oz. of water); in eye washes, in 1/10% solution (1 drop to 2 ounces); in hyperidrosis (excessive perspiration of the feet) 1 to 30% solution. (For hardening histological specimens, 4 to 10% solutions are used). Within the past two years reports have appeared on the use of formaldehyde in inoperable malignant growths, lupus, etc. Dr. Wm. Mitchell of Bradford, England (Brit. Med. Journal, No. 1989) reports the case of an ulcerating sarcoma of the cheek, as large as a man's fist, and giving rise to severe uncontrollable hemorrhages. The best styptic combinations would arrest the hemorrhage for 2-3 hours only, and it seemed that the only resource left would be tying the external or common carotid. A 20 per cent solution of formaldehyde was applied to the raw surface on a pledget of cotton, and not only was the hemorrhage quickly and effectually stopped, but on the next day the tissue was necrosed and hardened inward to nearly a quarter of an inch from the surface, so that the doctor could cut it away. Cutting away of the hardened tissue and fresh application of formaldehyde was repeated daily and the final results were good. The application of formaldehyde is quite painful, but can be mitigated by a previous application of cocaine or eucaine.—Its intravenous employment in septicemia has not given very encouraging results.

(To be Continued.)

DEPARTMENT OF MATERIA MEDICA AND THERAPEUTICS

Ipecachuana Alkaloids.

Dr. R. B. Wild (Lancet, London, No. 4,123) strongly recommends the use of emitine in preference to ipecac. In a paper published several years ago he suggested that the salts of cephaleine or emetine be employed for certain clinical purposes in lieu of the unreliable galenical ipecac preparations. Since that time the British Pharmacopœia has ordered that the liquid preparations of ipecac be standardized to total alkaloids. However, the two alkaloids present so much difference in many respects that ipecac preparations continue to remain unsatisfactory. It has been shown that while two samples of ipecac root may each contain about 2 per cent. of total alkaloid, there may be 72 per cent. of emetine and 25 per cent. of cephaleine in the Brazilian, and 40 per cent. emetine with 56 per cent. cephaleine in the Columbian, thus actually reversing the relative proportions. It is, therefore, desirable to employ salts of these alkaloids in the interests of accurate medication.

Dr. Wild has during the past seven years employed salts of cephaleine and emetine for clinical purposes and has every reason to be satisfied with the change. The hydrochlorate and hydrobromate of emetine are stable salts and can be given in small and convenient doses for expectorant, depressant or emetic purposes. The alkaloids are best given internally, as local irritation follows their subcutaneous injection.

Cephaleine hydrochlorate is less serviceable than emetine salts in bronchitis and other catarrhal conditions. Cephaleine is so powerful an emetic as to make it very difficult to regulate the doses for other purposes without producing nausea and sickness. In one patient $^1/_{100}$ grain every 4 hours caused nausea and vomiting within 3 days. The effect on the secretions of the nose and respiratory tract and the depressant action on the circulation are, on the other hand, less marked than those of emetine in non-nauseating doses. Finally, emetine salts are more stable.

Emetine is thus preferable to cephaleine. The latter seems to be useless clinically, unless some new properties are discovered. Its emetic virtues do not enable it to compete successfully with emetine or apomorphine.

A third alkaloid is known to be present in ipecacuanha root, but it seems to be comparatively inactive. Ipecacuanhic acid has also been tried experimentally and has not been found to possess any distinct pharmacologic action.

[And so the staid conservative British doctors are also beginning to recognize the value of alkaloidal therapy. The world is a-moving.]

Veronal.

Very few, if any, of the new synthetic remedies have gained a foothold so rapidly as has veronal. So many inquiries have reached me regarding its chemical, physical and therapeutic properties that a short resumé will probaby be acceptable. Veronal is chemically diethyl-malonyl-urea. It is a white crystalline powder, of a slightly bitter taste, soluble in about 150 parts of cold water and in about 12 parts of hot water. It is best administered in some hot liquid. The dose is from 10 to 15 grs. Tho introduced but a little over a year ago, there is now quite an extensive literature on veronal. The reports are almost uniformly favorable. Dr. A. Lilienfeld reported his results with the drug in 60 cases of insomnia, in a paper read before the Berlin Medical Society, and summarized his experience with the remedy in the following statements: "In veronal we have, I might say, an infallible hypnotic which is not equalled in certainty and intensity of action by any soporific heretofore known." "I do not hesitate to characterize the discovery of veronal as a therapeutic advance; and I am convinced that it will soon gain for itself the first place in the medicinal treatment of insomnia." The drug was given an extensive trial in v. Leube's Clinic in Würzburg, in the Psychiatric Clinic in Jena, in v. Leyden's Clinic at

the Charité in Berlin, in the Psychiatric Clinic of the University of Strassburg, in Prof. Mendel's Clinic in Berlin, in the Vienna General Hospital, etc., etc. The drug can, therefore, no longer be said to be in the experimental stage. The reports are practically uniformly favorable, and are to the effect that in veronal we possess a safe and reliable hypnotic, without any effect on the heart, circulation or the kidneys, and *almost* entirely devoid of unpleasant by-effects.

Personally I have tried the drug in about a dozen cases. The results were in every case favorable as far as the induction of sleep was concerned. In several cases, however, there was slight nausea and some headache and dizziness in the morning. Nor do I believe that there is, or ever will be, such a thing as an *absolutely* harmless hypnotic. Artificial induction of sleep is a complicated process, the true inwardness of which we do not yet understand. But, according to the testimony of competent authorities, we possess in veronal one of the safest of all hypnotics. Where a medicinal hypnotic is indicated, it is well worthy of a trial.

Treatment of Acne.

Ordinary "blackheads" must be first of all mechanically expressed by means of the small instruments in use for this purpose. To soften the skin and aid the procedure, the part should be washed with water as hot as can be borne, medicated with an alkali, like sodium or potassium carbonate, in 5 to 10 per cent. strength; sodium bicarbonate, 5 per cent.; ammonium chloride, 5 to 20 per cent., or sodium borate, 5 per cent.

These solutions are well tolerated by sensitive skins. If more energetic remedies are desired, soaps medicated with resorcin or naphtol are serviceable, or a paste like the following:

Precipitated Sulphur	2½ dr.
Resorcin	75 grn.
Zinc Oxide	½ oz.
Wool-fat	5 dr.
Petrolatum	1 oz.

Or analogous combinations of naphtol, salicylic acid, ichthyol, etc., may be prescribed.

It is advisable to sterilize the skin by means of alcoholic lotions containing mercuric bichloride, ½ to 2 per cent., or resorcin 5 to 15 per cent., to be applied at bedtime on cotton lightly soaked in the solution. This formula is well tolerated:

Resorcin	1 dr.
Cologne Water	1 pint.

These lotions will prevent pustulation to some extent. At the same time constipation should be corrected, a plain diet prescribed, avoiding pastries and seasoned foods. In the neurotic, hydrotherapy is useful.

In the pustular variety of acne, sulphur lotions are indicated, as in the following formula:

Precipitated Sulphur	6 dr.
Spirit Camphor	2 oz.
Rose Water	6½ oz.
Distilled Water	7 oz.

Shake before using, apply at night with a hairbrush, and wash off with hot water the next morning.

If the pustules are not conspicuous, as on the neck or back, they may be painted with tincture of iodine, which will often arrest the inflammatory process. In the face, the same effect will be obtained from a saturated solution of boric acid in alcohol.

Internally, brewer's yeast in doses of 1 to 2 teaspoonfuls before meals is good in some cases. Furunculous or phlegmonous acne justifies surgical intervention with a fine scarifier, etc. Acne rosacea is greatly benefited by washing with hot water. Internally, the vasoconstrictors are beneficial:

Ergotin	1 grn.
Quinine Hydrobromate	1 grn.
Fl. Ext. Witch-Hazel	2 min.
Belladonna Leaves	1/12 grn.

Make one pill. Four such pills daily, two with the two principal meals.

* * *

The very best expectorant in the whole round world is Garlic. Just plain garlic, the bulb of allium sativum.

* * *

Remember that Guaiacol, applied externally, will reduce the temperature even more quickly than if given internally. Do not apply too much at a time—you may come dangerously near collapse.

LETTERS TO THE EDITOR.

The Alkaloidal Clinic and the Medical Brief.

Dear Dr. Robinson:—I do not doubt your sincerity and your courage, and you are giving us an excellent journal. You are delightful as a Critic and generally safe as a Guide. But why have you selected the Brief for your criticisms and leave the others alone? Why don't you put your stiletto into the Alkaloidal Clinic? The Brief pushes the preparations in which the editor is financially interested, and so does the Alkaloidal Clinic. So where is the difference? And why one and not the other? If these questions are embarrassing, you needn't print them in the CRITIC & GUIDE, but answer them privately. Robert F. W., M. D.

[Embarrassing? Nothing can embarrass one who is perfectly honest in his course, whose every action is above board, who is not afraid to confess an error, if he has made one, and who does not consider himself infallible. But, my friend, you are badly mistaken, if you think there is no difference between these two journals. There is a great difference, and I think I can convince you of it. The thing that I have always hated worse than anything else, is sailing under false colors. While publishing a journal in the interest of one's own goods is not the highest kind journalism, still if the thing is done openly and frankly, there can be no objection to it, because the readers know the true state of affairs and can use their judgment. The Abbott people do not put up any secret mixtures and they have no anonymous "old doc" to boost them in his fake "chats." The Abbott Alkaloidal Co. manufactures granules of the standard alkaloids and concentrations. There is nothing secret about that. If they can convince their readers to buy their goods in preference to those of other manufacturers, there is no harm in that. They do put out some specialties, but those are also non-secret. The editor of the Brief, however, stoutly denies that he has any financial interest in any of the preparations recommended in the Editorial pages and in the Queries and Answers; he tries to make his readers believe, that those recommendations are unselfish and unmercenary, are dictated by real convictions as to the value of those preparations, etc. There's where the harm comes in. And besides the whole tone of the Brief is demoralizing and degrading. It teaches and encourages the use of medicines, of the composition of which the physician has no idea—and this alone is sufficient to condemn it. No, there is a very great difference between the Clinic and the Brief.]

The Coming Board Election.

Editor Critic and Guide:—Permit me to discuss the coming election of a member to the Board of Pharmacy thru the columns of your paper, knowing well that in this way it will reach all the liberal-minded pharmacists in this city. There is sure to be more than one candidate in the field, even if "Dr." Kahn does not count. This is not meant as a slight to the "Dr." or the organization which has nominated him, but merely, it is my conviction, that long before the day of election the eyes of the clerks will be opened to the real situation and that they will have to acknowledge that the "Dr.'s" nomination was illogical and a profound mistake. I will take this opportunity to give my reasons to my friends, the clerks (I say "my friends," because I have always considered and trusted them as such, and I sincerely hope that there is none who worked for me that is not my friend to-day). Mr. Kahn is not connected with the drug business in any way. He is neither clerk nor proprietor of a drug store, and is therefore no more fit to represent *either* on the Board than the man in the moon. He is connected with a College of Pharmacy, his aim being to prepare students for the very Board of which he seeks to become a member, and it is up to you to decide whether those qualifications are the proper ones in a man who would represent you on such Board or protect your interests. He may profess to be your friend, but his interests are of necessity antagonistic to yours,

and were he an angel, he could not remain free from partiality. I have heard it stated that Mr. Weinstein, as a proprietor, cannot properly be in accord with the aims of the clerks. I beg to differ with such statement. It seems to me that the interest of both are one. The elevation of pharmacy means an improvement of the drug business and naturally an improvement in the condition of the clerk. It is more the low standard of the present pharmacist that produces the cheap clerk willing to work long hours for poor pay, and ruining the economical conditions of the same. Help us to create a higher standard, and, I assure you, your condition will change. The main and general issue in the coming campaign is the impropriety of the Board, being constituted of college men. I have never heard of a similar condition of affairs in any other Board of Examiners. It is certainly contrary to the rules of the Regents and contrary to common sense.

Yours, Peter Diamond, New York.

The Editor's Paper in the J. A. M. A.

Dear Doctor Robinson:—I am just reading your article in to-day's number of the journal of the A. M. A. and I want to congratulate you. The way the doctors are made dupes of by the manufacturing houses is amazing. Just now I coolly ushered out an agent or promoter with a new emulsion that he knew nothing about except the phonographic talk he was given at the office by the advertising department; he walked across the hall to two other doctors and told them how indifferent I was to advancement, etc. This man was an uneducated man, probably a sewing machine agent or life insurance solicitor out of a job, and sent West to make a market for these new "goods" regardless of consequences, and told just what he must say, and beyond that he was at a loss to "explain" anything, much less to refute anything. Oh, it's wearisome! This week a reprint came to my desk from the pen of a famous teacher; glancing down its pages I saw it was lauding a new form of *"organic iron;"* the manufacturers were distributing the reprint, the profession was biting at the bait. I suppose if a silent and private vote of these medical nostrum promoters was taken they would vote us the greatest and easiest aggregation of chumps in the arena. I was at New Orleans, but unfortunately did not hear your paper, but am pleased to read it, and hope the invasion and assault will be continued. Keep it up. Fraternally,

Daniel Lichty, M.D., Rockford, Ill.

My Dear Dr. Robinson:—Your excellent paper appearing in the Journal A. M. A., April 16th, has come to my notice. Its bold and fearless style, its warmth and sincerity, its sound reasoning and facts, its truthfulness and accuracy, make the paper at once both highly valuable and unique. So pleased have I felt after having finished reading it that I desired to embrace you and express to you my great appreciation for the splendid work you do. Knowing too well that you stand almost alone in this noble fight, I still more appreciate the value of your wonderful activity. Wishing you the very best success in all your undertakings, I remain yours,

Louis Buckle, M.D.
321 East 10th St., N. Y.

Editor CRITIC & GUIDE:—Enclosed please find money order for $1.00 in payment for the CRITIC & GUIDE for one year. I enjoy reading the journal very much, and would not like to miss any copies. Sincerely,

Bolivar, N. Y. F. J. Parker.

Editor CRITIC & GUIDE:—Enclosed please find check for another year's subscription to the CRITIC & GUIDE, which it always gives me real pleasure to read. Wishing you success,

A. S. Bragin,
826 Fulton St., Brooklyn, N. Y.

Editor CRITIC & GUIDE:—Enclosed please find $1.00, for which send me the CRITIC & GUIDE for another year. It is without doubt the best pharmaceutical journal published today. Yours truly,

D. F. Everett,
351-353 Bond St., Astoria, Oregon.

If I were asked to mention the two best remedies for *chronic* ulcers of the leg, I would name silver nitrate and potassium permanganate. Rare must be the ulcer that would resist a strong solution of either of the above. Certain details must be observed, but of these some other time.

[SQUIB — A pithy comment on men or things — Dictionary.]

THE SQUIBBER

Frank Homer, Ph. G. Pithy Comments on Things Pharmaceutical.

Members of the drug and allied trades meet daily to dine, to chat, to joke, and sometimes to discuss weighty business questions of national import in the spacious, airy rooms of the Drug-Trade Club, on the twelfth floor of the Woodbridge Building.

The ultra-formal, stiffly-precise and absurdly-conventional have no abiding-place within its softly-carpeted and comfortable interior. There is ever an air of home and welcome, go where you will thru its reception hall, its long, high-ceilinged, quietly-decorated main dining-room, its cushion-seated "cozy corners," its wide, deep-windowed alcoves, its modest, unassuming spaces set apart for private parties, or its blue-and-gold ladies' reception and lunch rooms. The hearty, jovial laugh finds easy utterance when the mood so disposes. License is here given to those free, generous impulses of speech and emotion which go to make a man a man among his fellows. In these cheery rooms conflicting interests meet on neutral grounds and shake hands, business rivalries are forgotten for the nonce, and the keen, double-edged sword of competition is sheathed.

The same desire to please, to gratify a taste for art, and to relieve the mind of its strain as, supposedly, inspired Chaucer's jolly company to tale-telling as a diversion on the pilgrimage from Southwerk, has given to the Drug-Trade Club its splendid loan collection of paintings. From its high-frescoed walls look down landscapes and scenes of the Old World, pleasantly associated with wild and rugged mountain solitudes and sylvan retreats of the New. Here a grim castle, whose stone-flagged courts—it is no trick to fancy—once rang to the martial tread of steel-clad men-at-arms is framed in dull gold beside a street scene in old Madrid, gay with coloring. There the brush of Cooper has been busy on Canterbury meadows, and Colman yonder has touched a bit from along the Hudson. Farther along Glen Lean, under Watson's bold treatment, makes you wish for a glimpse of the real Argyleshire retreat. Studies, allegories, picturing the varying moods from sad to gay, play among the feelings like the sough of the wind in a forest of pines. Bits of century-old tavern life, where the satisfying appetite seemed much more of a business than now, are in sharp contrast to charming glimpses of waterfalls, smoothly-flowing streams, and sequestered nooks that fill you with a longing to walk, to fish, to lie and dream where the sunlight fills the vacant spaces among the trees now that Nature is awake in these early spring days.

Surely, such well-known lovers of art in painting as Charles A. Schieren, George T. Sedbury, Francis K. Sloan, Jesse L. Hopkins, Theodore Weicker, Guy G. Major, and James Hartford, who have loaned these subjects from their private collections, had in mind the desire to provide for their fellow-members a delectable means of withdrawing for a brief space from vexing business problems and anxieties of the busy whirl without. What luxurious ease, amid these surroundings, to lounge in the big, high-backed leather-tufted chairs that take the body comfortably! What delight to gaze at will at what you list!—to linger among the laughter-loving crowd and sip the wine with all its pent-up sweetness; to dream, to doze, and anon to flush memories long in cover that come to add zest to enjoyment.

The club has attained its full limit of resident membership—300—as provided in its by-laws. Its list of non-resident members—for which no limit is fixed—has swelled to over 150, numbering names known the world over wherever drugs are used.

This club enjoys the reputation of being the best attended of any organization in the world in proportion to its size. The secret of this popularity has been lightly touched upon. The daily attendance is an average of 225. 'Tis the meeting-place of all interests in the drug trade and allied branches in the United States. You hear of it in San Francisco, Chicago, St. Louis, Detroit

—in fact, everywhere. Why, even in Philadelphia!

The smoking-room, at the east end, is generally crowded, and as many chairs as possible are drawn close to the row of panorama windows that bring the river and Brooklyn into the club's front lawn, as it were. The ferry boats are so near that fancy almost catches the splash of their paddles. The old bridge, with its twin towers and drooping cables, reaches away almost underfoot, while on the left is the more modern, steel-towered Williamsburg bridge.

The present officers of the club are: President, James L. Hopkins; vice-president, Wm. S. Gray; treasurer, Alexander Robb; secretary, Harry Hall. On the Board of Governors are Jesse L. Hopkins, Wm. S. Gray, Harry Hall, Alexander Robb, Wm. O. Allison, Wm. McCarroll, Geo. W. Irwin, Wm. S. Ginnel, Hector M. Hitchings, John A. McGean, Graston D. Dorsey, S. M. Moneypenny, and Herbert Turrell.—Abstracted from articles in the "N. Y. Com." and the "Century."

* * *

Woe to the man who attempts to read a lengthy paper before the convention of the New York State Pharm. Assoc., at Brighton Beach, next June (27th to July 1)! Who can sit patiently inside and list to the droning of a paper, while outside Old Coney calls you to rollick and revel—in its festive surf, in its glistening sands, in its thousand and one attractions and fakes, and in the mysteries of the Bowery.

* * *

Many a drug-clerk who has planned to go to St. Louis for a few weeks this summer, to see the World's Fair, and to make his expenses at some St. Louis drug-store, is doomed to disappointment. W. H. Lamont, manager of the employment bureau conducted by the Alumni Association of the St. Louis College of Pharmacy, reports that he is already swamped with applications.

* * *

Two boys, described as being wrecked morally and physically by cocaine, were haled before a judge of Richmond, Va., a couple of weeks ago. The policeman in charge of them said that the cocaine vice was "so prevalent among the boys of the city that the hillsides on any pleasant day might be seen covered with half insensible victims of the drug." He knew of several druggists who had sold the stuff to boys over and under 17 years of age. One of these druggists was placed under arrest.

Munyon's two paws (Paw-paw) are gaining a footing. To make their lives easier druggists are cutting on it too.

* * *

With the Pharmacopeia as a standard of strength, how is it that the one and same preparation from different manufacturers differs so widely in appearance and strength?

* * *

The majority of druggists in this city are congratulating themselves on the raising of the standard of pharmacy by the new law requiring a College graduation. But as I happened one of these days to quiz a senior student whose standing in the class is fairly good and who will soon have the title Ph.G. and found him to be ignorant of the rudiments of inorganic chemistry, shamefully unfamiliar with the Pharmacopeia and not very rich in knowledge of the other sciences in which the college is supposed to instruct, I think that those felicitations are not yet well founded. First raise the standard of the college, if you want to raise the standard of pharmacy.

* * *

Some medical practitioners in this city may become the victims of atrophy of the brain from inactivity. With the lately incorporated medical company that supplies physicians with samples and promises a good share of profits for pushing the preparation, the art of practising medicine becomes very easy, for all one has to do is to write down: "Elixir," "Unguentum," etc., and add the word "York." No necessity to remember the materia medica; rest for the brain! But what will become of that organ? Either it will be atrophied or used for real estate speculations.

* * *

The campaign for the election of a member of the Board of Pharmacy is on and it promises to be a hot one. Things are bound to become lively. And still the druggist continues to complain about the monotony of his life. The druggist is used to complain, and it is real hard to get rid of a habit.

K.

BOOK REVIEWS

TEXT-BOOK OF PHYSIOL-
. By Isaac Ott, A. M., M. D., Pro-
r of Physiology in the Medico-Chir-
al College of Philadelphia. With 137
rations. 563 Pages. Cloth. $3.00, net.
. Davis Company, Publishers, 1914
ry St., Philadelphia.— This volume
st fresh from the press. We have
y any American text-books on
ology, Kirke's, Foster's and Lan-
still being our favorites. Prof.
text-book is an elementary, but
theless complete treatise on the
ct, particularly adapted to the
s of the student. And the physician
wants to brush up on physiology
learn the latest facts of the science
h is the true basis of medicine, will
e no mistake in acquiring the vol-

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Medicine and Director of Hos-
at Hamburg, etc. Authorized
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y T. Brooks, M. D., Professor of
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s. Cloth. $3.00, net. F. A. Davis
pany, 1914 Cherry St., Philadelphia.
of. Lenhartz's text-book has been a
e favorite in Germany for a number
ars, and we are glad to see a good
oritative English translation of it.
notes and additions by Dr. Brooks
eal additions. They greatly increase
value of the book, elucidating ob-
e points and rendering the volume
e adapted to the needs of the Amer-
physician. It is a good volume to
and to study.

PRACTICAL TREATISE ON
RVOUS DISEASES. By F. Sav-
Pearce, M. D., Professor of Nerv-
and Mental Diseases in the
ico-Chirurgical College of Phila-
lia, Neurologist to the Phila-
delphia and Howard Hospitals, etc., etc. With 91 Illustrations, many in colors. 400 Pages. Cloth. $3.00. 1904. D. Appleton & Co., New York.—Diseases o the nervous system are and will probably for a long time remain the most obscure chapter in medicine. We cannot have too many text-books on the subject, provided they are written by competent men, who can speak from personal experience and who have something of their own to add to the sum total of our knowledge of the subject. Dr. Pearce's treatise is such a book. We have examined it carefully, and have perused many a chapter with both profit and pleasure. We do not hesitate to pronounce it one of the best smaller text-books on the subject. The author promises a similar volume on mental diseases.

DISEASES OF THE EYE. By L. Webster Fox, A. M., M. D., Professor of Ophthalmology in the Medico-Chirurgical College of Philadelphia. With 5 Colored Plates and 296 Illustrations. Cloth. 584 Pages. $4.00. 1904. D. Appleton & Company, New York.—The above treatise is a development of the author's lectures, delivered by him at the Medico-Chirurgical College and Hospital during the last ten years. The arrangement of the work differs materially from the one pursued in most text-books on ophthalmology, the diseases being considered according to the structures attacked, in the order in which they are encountered in going from without inward. Particular attention is directed to the articles Albuminic and Hemorrhagic Retinitis, Lid Operations, Cataract, Glaucoma, etc. The language thruout is simple and concise. A useful formulary, an ophthalmic glossary and a full index complete this excellent and well-printed volume.

BACTERIOLOGIC CHART. Sixty Plates, in Colors, of the Pathogenic Bacteria. Published by the M. J. Breitenbach Co., 53 Warren street, New

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WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he consider to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. III. JUNE 1904. No. 6.

THE ANTIKAMNIA INFAMY.

Eighteen months ago I printed in the CRITIC & GUIDE an editorial entitled "The Antikamnia Humbug" which made the Antikamnia people awfully mad. They wanted to sue me for libel, but seeing that they had no ground to stand upon, they did the next best thing: they left no stone unturned to prevent the CRITIC & GUIDE from obtaining advertisements. And in some instances they were successful. In that editorial I gave the composition of Antikamnia, showed the outrage of concealing the composition of that mixture and of charging $1.00 an ounce for stuff, that cost only about 3 cents an ounce. The present tactics, however, of the Antikamnia people cannot be characterized as humbug. That word is too mild. Infamy is the only word that would adequately characterize them.

Not satisfied with bamboozling the physicians, with making them prescribe acetanilid unwittingly, at an enormous price, they now go directly to the laity! They are beginning to push their goods among the people, encouraging self-medication, encouraging the use without the doctor's advice of this most dangerous, most heart-depressing coal-tar product! Here is a sample of their letters received by a clergyman:

Dear Sir: The enclosed is a free sample box of "Antikamnia tablets," and a sample of a good thing is a good thing to keep about the house, or in your pocket.—Antikamnia tablets will cure all headaches, neuralgias, la grippe, women's aches and ills, and also men's worries. The little booklet tells when and how many,

and druggists everywhere sell them in any quantity, or in "vest pocket boxes". Sincerely yours,

The Antikamnia Chemical Company,
Frank A. Ruf, Pres. and Treas.

Now, Mr. Frank Ruf, President and Treasurer of the Antikamnia Chemical Company, you ought to be ashamed of yourself. Do you think it right to put a dangerous thing into the hands of the laity, utterly unfamiliar with the indications and contra-indications of any drug? Do you think it right to literally poison the people's hearts for the sake of filthy lucre?

And besides the immorality of the thing, don't you know that such action on your part will completely alienate the medical profession? But here a thought presents itself. Is it not possible that the CRITIC & GUIDE's agitation has convinced the medical profession of the folly of prescribing Antikamnia, and the Antikamnia people seeing that their revenues thru the medical profession have become materially diminished, feel impelled to appeal to the laity directly? Quite possible, quite possible.

In this case I shall have to appeal to the laity directly, showing them the folly of poisoning themselves with acetanilid, at a dollar an ounce.

IMPORTANT ANNOUNCEMENT.

The work of the Critic & Guide in analyzing proprietary preparations and patent nostrums is assuming such magnitude that it has been decided to establish a special laboratory for that purpose, a laboratory thoroughly equipped for the most delicate inorganic and organic analysis. While of course, I shall not be able to perform each and every analysis personally, still the entire work will be under my personal supervision, and I myself as well as my assistants—chemists of the highest attainments—will be responsible for every analysis. The absolute correctness of each and every analysis will be **guaranteed.** If it should be necessary to subject an article to a hundred analyses before its composition can be established, it will be done. The Critic and Guide cannot afford to publish an incorrect analysis. Nothing would please our enemies better than to have us publish an analysis, the correctness of which could be assailed. We cannot afford to give them this pleasure. A Critic & Guide analysis will be as firm as Gibraltar.

If a preparation is good and conforms to its formula, we will say so. If it is "bad," or if it is false to its formula, we will say so, too. But whether favorable or not, our analysis will be absolutely correct; this we will **guarantee.** We expect the

Critic-Guide Laboratory to prove an important factor in driving out of existence the numerous illegitimate or fake preparations which are flooding the American market. The honest and high-class manufacturers will have nothing to fear from it. On the contrary, they will find in it an ally and co-operator.

A separate department for pursuing original pharmacologic research, including animal experimentation, is also in contemplation, but more of this at some future date.

THE ETNA CHEMICAL COMPANY.

A one-horse concern styling itself the Etna Chemical Company and which manufactures, I mean, mixes, a product called Phenalgin, is very angry at my article on "Ethical Nostrums," printed in the Journal of the American Medical Association of April 16th. That concern is so angry that it went to the trouble of sending out a circular (you must have gotten one; it is entitled—The Trail of the Pharisee) to the physicians of the country, and is now getting the same circular printed in the Publishers' Departments of the various journals in which it advertises. The circular states: "His description of the composition of phenalgin either displays gross ignorance of chemistry and pharmacy or is deliberately mendacious." And does this company proceed to show wherein my ignorance and mendacity consisted? Does it disclose or even hint at the composition of its product? Oh, no! Have you noticed that all those fakirs whom I have exposed at various times, merely gnash their teeth, but never show or even attempt to show that I was wrong in my analyses? If I am either ignorant or mendacious, then my analysis must be woefully wrong. Then what an easy matter it would have been, Messrs. Etna Chemical Company, to give the true analysis of your product, certified to perhaps by some chemists of high standing! How cheap that would have made me look! Now, honestly, why didn't you do that? **Because you know that my analysis is right.** Furthermore, if I misrepresented your product, why not a libel suit? Because you are afraid, that the true composition of your product might become publicly known and the profession would see how it had been bamboozled.

And what a fake that pamphlet is of yours—"Phenalgin vs. Malaria and its plasmodium," with the big red seal at the bottom! Who does not know that acetanilid by itself, and especially so in combination with quinine, will control malarial chills? The nestor of the self-made back-woods doctors, good old Ben Brodnax, considers acetanilid even superior to quinine. So what does the report of your 6 (!) cases, in 4 (!) of which the acetanilid was administered in conjunction with quinine, prove? Nothing, absolutely nothing, as to the composition

of your acetanilid mixture. It only shows what a gullible medical profession we have, if a firm dares to send out such poor stuff as literature (!) to every physician in the country.

No, I am sorry, but I am obliged to stamp the Etna Chemical Company as fakirs and its product as a fake.

And with the "St. Louis Emergency Hospital," I will deal some other time.

A UNIQUE EXHIBIT.

The Minnesota State Dairy and Food Commission has arranged a unique exhibit, in the shape of pieces of wool cloth, colored with dyes extracted from various foods and beverages, for the St. Louis Exposition. "These colors are absolutely fast and are of sufficient variety to start a dye factory," said a member of the commission. "From a pint of adulterated cherry preserves we can get enough dyes to color a woman's dress in the prettiest shade of crimson. If the woman would rather have her dress colored brown, we can get that color from a pound of bologna sausage. If she wishes a still darker color, we would have to take a portion of smoked ham. The dyes from a pint of grape juice would give a dress a beautiful shade of scarlet, and adulterated blackberry brandy would furnish a handsome shade of brown. Butter furnishes a pale yellow, and orangeade gives a brighter shade of the same color. Other colors can be secured by taking the dyes from adulterated red cherries, raspberry jam, strawberry cider, catsup, wild cherry phosphate, and similar summer drinks."

LICENSES FOR PRIVATE TEACHERS.

In most European countries even a strictly private teacher must have a license to teach. He must show that he is competent and fit for his work. It would be a good thing if the same conditions prevailed here. Teaching is a high profession; surely higher than plumbing. And still plumbers must pass an examination, while the worst fraud and ignoramus is here permitted to prey upon the public and waste the pupils' time and money. When an ignoramus unfit for his work undertakes to teach others, he not only obtains money under false pretenses, but he perpetrates a fraud by making the people waste their time, which is often much more valuable than money.

This is particularly true of so-called "instructors" in pharmacy. The worst ignoramus who perhaps went up to the Board half a dozen times before he "got thru," who is unable to hold a position in a drug store on account of dishonesty or of incompetence, starts out as an "instructor." It matters little to him, that independently he is never able to prepare

anyone for the examination. It matters little to him that all his knowledge consists in having committed to memory, parrot-like, somebody's mail course. It matters little to him that he himself, under the changed conditions, would be unable to pass the Board examination. It matters little to him, that he has not the slightest idea of chemical analysis, that he knows absolutely nothing of botany, materia medica etc.—All he cares is to get the first payment from the student; if the latter after a few "lessons" leaves in disgust, the "instructor" consoles himself with the thought, that there are plenty of "suckers" in this world, and that his friends or cronies to whom he pays a commission will bring him other victims. Beware of fraudulent and ignorant pharmaceutical instructors!

P. S. The **Apothecary and New England Druggist** exposes such fraud in its May issue. There are many of a similar character.

PERSONAL POPULARITY.

I want to say a few words about popularity and say it as emphatically as I can.

Personal popularity is a good thing. The gift of "gab" or smooth talking is a good thing. But let us not deceive ourselves. Let us bear in mind that personal popularity is frequently merely a veneer, a varnish and it may cover a soul as black as hell. I know a man who judged by any ethical standard would be declared an unprincipled wretch. He is the most shameless liar, the most dishonest prevaricator that it has been my misfortune to meet. Perjury to him is as easy as swallowing an oyster. Stealing and cheating are mere bagatelles to him. In short, with the exception of murder, there is no crime on the calendar of which that man is incapable. Thru and thru he is as false as the hair, that is, the wig on his head. And neverthless, that man is personally "popular." He is a smooth glib talker, he can make himself pleasant to strangers, and those who know him only from the outside consider him a decent man. So remember therefore that a personally popular or magnetic man may be a contemptible buncosteerer, while the man of principles, the man of inflexible honesty and impartialify may lack the personal graces that go to make up a "jolly good fellow". Not all is gold that glitters and I repeat: A pleasant exterior may cover a soul as black as hell.

THE OVERWORKED PRINCIPLE OF THE SUPRARENAL

Adrenalin, Suprarenalin, Suprarenin, Adrin, Adnephrin, Caprenalin, Hemostatin. All names for the active principles of the suprarenal capsules. And still they come. I predict that before the year is over, every manufacturing firm of any standing at all will have its own brand of "rin" or "renalin."

THE LADIES HOME JOURNAL AND PIERCE'S FAVORITE PRESCRIPTION.

Just a year ago the Editor—who it is claimed by some is endowed with prophetic vision—wrote among other things in an editorial on Peruna: When will the sale of these vile concoctions . . . be prohibited in this country? The time is nearer than my readers may believe. The manufacturers are powerful and have a tremendous pull and influence, but the intelligent conscience of this country is awakening, and once fully awake, it will, in characteristic American fashion, take the bull by the horns and make short work of the entire patent medicine swindle."

And what do we witness now? The most influential family paper in the country comes out with a severe arraignment of the "patent" or rather secret medicine fraud, which can not fail to bring good results. And what is much more important, the post-office authorities in Washington are beginning seriously to consider the advisability, nay, the necessity of putting a stop to the thousands and thousands of filthy and fraudulent advertisements being sent thru the mails. This will apply equally to circulars and to newspapers carrying the filthy ads. Do you know what this would mean? It would mean the death knell of patent medicine and fraudulent treatment humbuggery, at least, that of the baser sort. And this millenium seems near at hand.

But to return to the Ladies Home Journal. You probably all know—and if you don't, you'll know it now—that Dr. Pierce is suing the Journal for 200.000 dollars damages for the incorrect statement as to the composition of Dr. Pierce's Favorite Prescription. It is of course very unfortunate that The Ladies Home Journal should have given the fakirs any ground for a suit. It destroys to a certain extent the moral effect of the entire editorial. But what is disgusting to me is the way our pharmaceutical press ran to the rescue "Dr." Pierce, applauding him and truckling to him in every possible manner. Suppose Pierce's Favorite Prescription does not obtain any opium, digitalis or alcohol. First, that does not mean that it never contained any. It is more than probable that when the original report, from which Mr. Bok quoted, was printed, the preparation did contain those ingredients. That is just the curse of the secret nostrum business, that the manufacturers can change the composition at their will and pleasure. "There is an outcry against alcohol—well, we will leave it out, or diminish the proportion in our next batch. There is an outcry against morphine and cocaine, let us leave out those alkaloids for a while. Quinine is too high now—we will put in half the amount." And so on, and so on. I therefore say that it is more than likely that "Dr." Pierce's Favorite Prescription did originally contain the poisonous ingredients. But assuming that it did not—it is a fake nostrum anyway, and it is injurious on general principles—by fostering self-medication. A secret nostrum

is injurious even when it is harmless. It may not do direct damage, but it is injurious indirectly by delaying intelligent medical aid at a time when that aid may prove life-saving. And instead of jumping at, our pharmaceutical press should have applauded the Ladies Home Journal.

In fighting humbug and quackery we need aid from all quarters and The Ladies Home Journal is an extremely welcome, because an extremely useful, ally. Mr. Edward Bok, THE CRITIC & GUIDE welcomes you into its ranks!

MANDRAGORINE.

I am going to tell you something confidentially. There is a fuss being made about Mandragorine and I have received dozens of letters asking information about that alkaloid. You know it is hawked about as a cure for morphinism, etc., etc. Well, there is an alkaloid mandragorine and it can be prepared from mandragora officinalis. This alkaloid is isomeric with atropine and has the same physiologic effects, etc., and what I learn from very well-informed sources is, that the fakirs *simply use atropine and call it mandragorine*, so as to be able to charge a fancy price. I can find no house in this country or in Europe that manufactures mandragorine, and the little concerns, like the James Alkaloidal company, that advertise it have not the brains, the knowledge or the facilities to isolate the alkaloid from the root. I am now analyzing the alleged mandragorines, and results will appear in the July issue. In the meantime, do not waste your money on "mandragorine". Use atropine.

THE COMING NEW YORK BOARD ELECTION.

I expressed my opinion on the subject fully in the April issue of the CRITIC & GUIDE. I am unalterably opposed to members and trustees of colleges of pharmacy being members of the board. It is unfair, it is demoralizing, it is degrading, and I cannot understand how college teachers fail to see the *impropriety* of their scrambling after a position on the Board! *It looks suspicious.* There is no money in the position. Honor? Why, being a college professor is more honor than being a member of the Board? So, why, gentlemen, are you so eager for a position, which is considered anomalous by every *honest* and *intelligent* pharmacist? Answer, if yon can!

It is duty of every *true* pharmacist to vote for the candidate that has no college connections whatsoever. This is as true of Brooklyn as it is of Manhatttan. Let us hope that decency will prevail.

AFFIDAVITS.

State of New York,
City of New York,
County of New York, } SS.

Gregory Weinstein, being duly sworn, deposes and says: that he is the proprietor of the International Press, at 15 New Chambers St., New York City, that the May issue of the CRITIC & GUIDE, edited by Dr. Wm. J. Robinson, was set up and printed under his direct supervision and that he has delivered to the Williams Printing Co., and to the Gardiner Mailing Co., the printed sheets and covers for binding and that the number of such sheets and covers was sufficient for **175.000** complete copies.

[Signed] *Gregory Weinstein.*

Jno J. Walsh, Supt. of Bindery of the Williams Printing Co., of New York, being duly sworn, deposes and says: that he has bound and delivered (124.145)—One Hundred and Twenty Four Thousand & One Hundred and Forty Five—copies of the May issue of the CRITIC & GUIDE, to the Trow Directory Printing and Binding Co., for mailing.

[Signed] *Jno J. Walsh.*

Leslie Gilbert, Treasurer of the Gardiner Mailing and Binding Co., of New York, being duly sworn, deposes and says: that he has bound and delivered (49.793) Forty nine thousand, seven hundred and ninety three copies of the May issue of the CRITIC & GUIDE, to the Trow Directory Printing and Binding Co., for mailing.

[Signed] *Leslie Gilbert.*

Sworn to before me this
17th day of May, 1904. *Edward Phillips,*

Notary Public, New York County.

New York, May 26th, 1904.

This is to certify that we, the Trow Directory, P. B. B. & Co., have received from William J. Robinson, One Hundred & Seventy Three Thousand, Six hundred & Sixty Copies of the May issue of the CRITIC & GUIDE and up-to-date we have stamped and mailed to the Physicians and Druggists of the United States and Canada One Hundred Sixty-four Thousand, Six Hundred & Fourteen Copies.

Respectfully Yours,
Trow D. P. B. B. Co.,
W. H. Bates, Mgr.,
Directory & Addressing Depts.

State of New York,
County of New York, } *SS.*

On this 4th day of June, 1904, before me personally appeared William H. Bates, to me known and known to me, who being duly sworn, deposes and says that he executed the above instrument and knows the contents of it to be true.

James D. Ferris,
Notary Public, New York County,

The above tells its own story. We reached every physician and every druggist in the United States and Canada. We are getting in batches of subscriptions with every mail and we will soon be in the very front rank of medical and pharmaceutical journalism. And we intend to do the same thing in October.

ORIGINAL PAPERS

[Written for the CRITIC & GUIDE.]

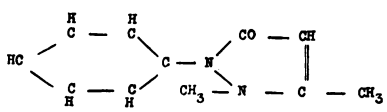
THE CHEMISTRY AND PHYSIOLOGIC ACTION OF PYRAMIDON.

By J. W. Wainwright, M.D., New York.

THE discovery of antipyrin by Dr. Knorr and the systematic study of its physiologic action by Prof. W. Filehne marked a new era in pharmacologic science. As antipyrin furnished indubitable proof of the close relations existing between the chemical constitution and medicinal value of organic compounds, the success of its clinical employment paved the way for other "synthetic remedies."

Amongst antipyretics antipyrin has always held first place, and it is to be regretted that many substitutions have been carried out from a purely chemical rather than from a chemico-pharmacologic standpoint, until the medical man has wearied at the interminable and frequently purposeless changes rung, for example, on the molecule of aniline. Therapeutic experience with the pyrazolon compounds has, however, been practically limited to antipyrin,—exclusive of trials with mere homologues. The pharmacologic study of this peculiarly interesting group was laboriously continued by Filehne for twelve years. At length Filehne felt justified in calling attention to the merits of a dimethylamido-phenyl-dimethyl pyrazolon or Pyramidon — not as a mere succeedaneum for antypirin, but as combining important differences with the general physiologic action of the latter.

As the expression of many years study and experiment, Filehne's reasoning affords a valuable lesson in pharmacodynamics, and may be thus epitomized. The comparatively complex antipyrin molecule contains two ring-like groups of atoms: the benzene ring (phenyl) and the so-called "pyrazolon" ring of Knorr.

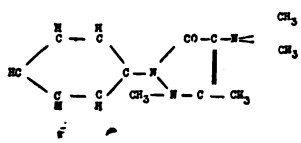


The question therefore suggests itself whether the physiologic action of antipyrin, which undoubtedly depends upon the constitution of the molecule, is derived from the combination as a whole, whether one or both constituent rings possess specific properties, or whether certain groups of atoms in either of the rings are alone responsible. The benzene ring itself cannot be the active factor. Benzene and innumerable derivatives possess no antipyretic action whatever. Filehne's studies demonstrated, however, that the pyrazolon nucleus alone, that is to say unassociated with benzene, is also not capable of completely reproducing the specific effects of

antipyrin. Without denying that nonaromatic pyrazolon derivatives may produce antipyresis, their activity and utility is much less than when presented as substitution products of benzene. The value of substitution in the constituent nuclei is well illustrated in the case of antipyrin itself. By the condensation of phenylhydrazine with aceto-acetic ether, mono-methyl-phenylpyrazolon was first obtained, but appeared unsuitable for therapeutic employment. Utilizing Filenne's previous experience with the quinoline antifebrics, Kairin and Kairolin, a methyl group was introduced into the molecule and attached to the second nitrogen atom of pyrazolon. Thus antipyrin was obtained.

The same idea has been further developed in the preparation of pyramidon. Confronted with the problem of introducing new substitution groups into antipyrin, it is apparent that this can take place either in the benzene or pyrazolon ring. In the former five positions are available, in the latter only one. Among the radicles available, the dimethyl-amido group $-N(CH_3)_2$ has been selected as exercising the greatest influence upon the configuration and physiologic action of the molecule, and for the following reasons: the influence exhibited by the methylated nitrogen atom in antipyrin, and the discovery by Knorr that morphine, the narcotic par excellence, also possesses the same configuration.

Attempts to introduce the dimethyl-amido group into the benzene nucleus of antipyrin failed. With the pyrazolon group the synthesis was more successful and thus a dimethyl-amido-antipyrin of the formula



was obtained. This body called pyramidon for brevity, represents the finality of substitution in the pyrazolon ring, and is a very active substance.

PHYSICAL AND CHEMICAL CHARACTERISTICS.

Pyramidon is a yellowish white crystalline powder, soluble in water to the extent of 1 in 10, and practically tasteless. Curiously enough the maximum of solubility is reached at 80° C., and on heating a saturated aqueous solution still higher, fine globules of the base separate. Pyramidon may be easily distinguished from antipyrin by its color reactions with various reagents. Ferric chlorid gives a deep blue violet fugitive color and not the red of antipyrin. Nitrous acid gives a fugitive violet instead of the more permanent green of isonitroso-antipyrin. Nitric acid also gives a violet to amethyst coloration. In the urine pyramidon may best be detected by ferric chloride, altho the color produced is no longer a pure blue, but Tokay red with a tinge of amethyst.

PHYSICOLOGIC ACTION.

The action of pyramidon upon the nervous system is analogous to that of antipyrin; an increased expiration of warmth and increase of blood pressure is observed in normal rabbits and dogs as with antipyrin. The mechanism of antipyresis is also the same, namely, principally by means of an increased expiration of warmth and secondly by reduction of the production of warmth. A closer study reveals however considerable differences between the action of pyramidon and of antipyrin; it is only necessary to mention here such differences as are important to clinical employment.

Compared with antipyrin, pyramidon is four times as active, and on warmblooded animals inclusive of human beings, nearly three times as active; the lethal doses also stand in the same proportions.

What is of especial importance is that the action of pyramidon is much more gradual in development and permanent in character than that of antipyrin. Comparing the antipyretic action of the two bases as the factor most accurately measurable, pyramidon is seen to be much milder, more gradual and lasting in its influence than antipyrin. Those who remember how antipyrin not merely displaced the earlier antipyretics such as hydroquinone and kairin,—the action of which was always accompanied by profuse sweats and violent shiverings,—but has also on account of its milder graduated action and unexpected therapeutic qualities found such widespread employment beyond the limits of a mere antipyretic, will better understand the therapeutic possibilities presented by pyramidon.

It may also be mentioned that, especially in the experiments on animals, a very close watch was maintained for material changes in the blood, but always with negative result. Microscope and spectroscope discovered no alteration; postmortem examination of acute, subacute and subchronic poisoned animals revealed no hemorrhages nor vascular disturbance or degeneration. The methods employed for the detection of intra-vital vascular damage have been criticized—erroneously,—as showing more damage than is actually present. Even by these methods however nothing can be laid to the charge of pyramidon. In experiments of human beings doses of 8 grains given to healthy subjects produced neither subjective nor objective symptoms. The urine gave the ferric chlorid reaction in 20 minutes.

RADIUM.

And so they gave up the use of radium at the London Cancer Hospital. In sixteen cases under treatment the only result noticed was an occasional cessation of pain. On the other hand the condition of several patients became aggravated. The temptation to say: I told you so, is very great, but I will forbear. But please, oh, please, don't slop over at the announcement of every alleged great discovery.

[Written for the CRITIC & GUIDE.]

A VISIT TO THE DRUGGIST OF THE FUTURE.

By L. Marmor, New York.

In one of those afternoons, when business is so much slackened, that even calls for stamps are few and far between, and the quietude in the store predisposes one to do some thinking, I came to reflect upon the present anomalous condition of the druggist. The result of the circumspection was not very pleasing, but as I felt inclined to think that better conditions for the dispenser of drugs may come with time, my fancy took a flight to the druggist of the future. Thought is quick, its celerity is indescribable. In a fraction of a second, I found myself standing on the crossing of two broad streets of the future city, ready to enter a store of my colleague, to find out whether he was really doing better than myself. Not seeing a single drug store on either side of the four corners, I went along the avenue to look for one, but could see no mortar, no colored show bottles to tell the whereabouts of a disciple of Galen; vainly was I looking around for the customary sign of Castoria, for the ads. of Father John's medicine, or Palmo tablets; even the display of hair insoles so characteristic of our profession, could not be discerned by my wandering eye during my stroll thru four well settled and teeming with people streets. "A fine spot to open a store," I said to myself, "but I must not talk about it, for somebody may find it out", and everjoyed with the discovery I slowly returned to the place from which I started in order to ascertain whether I really did not miss a drug store. While I was thus wandering, a person, noticing that I was hunting for something, approached me and, on learning that I was anxious to find a "phamacy," he took me over to the corner, where a tablet indicated the exact location of every dwelling and establishment in the block. The medicine dispensary and the offices of apothecaries and of medical advisers were on the third floor of one of the buildings in the block and I easily found the entrance to the apothecary's office. In a tastefully furnished room, where physical appliances were in view and a good collection of books and articles of art were in evidence, a man whose face radiated with happiness met me with the exclamation: "Now, at last! I knew you were coming; I was longing to see a type of the twentieth century druggist; the study of social science is a special favorite with the people of this date and to master it one must know the social

structure of the past; I have found delight in delving in the archives of the history of the twentieth century and have made a specialty of the study of the conditions of the unfortunates of my own profession of that age. I can tell now, on seeing you, with a degree of certainty, that you are of the period, that preceded the preparatory panic, which led to the Great Revolution. Competition, under the fallacious and inhuman theory of the survival of the fittest, has reached in your days its apogee, and it is therefore so easy to read on your face the expression, that the constant strain of overwork and overworry has left on it. Why, if I remember correctly, in the first year of the 20th century the druggist was spending 17 or 18 hours in his shop, bent on profiting thru somebody's loss, intent on killing his neighbor, who in his turn strived to kill him, worrying about paying the so called rent and bills and trying, as he said, to make a living, while in reality he was incarcerated within four walls and depriving himself of life, without ever seeing it at all". "But my own time I know too well," I ventured to remark, "tell me, pray, about yourself. How is business under the new regime? By what means has the druggist in the course of time attained the higher degree of prosperity and happiness? "The change came thru the bettering of social conditions in general, he responded. The druggist is not deprived of the fruits of true civilization, which honest thought of honest men gave us, and at present you see me, as well as any other member of the community, not engaged in any personal business, but catering to the needs of society and getting a bountiful remuneration from the store of wealth, which is produced by our combined labor. The druggist is at his active work about 3 hours daily, while the rest of the time he devotes to enjoying life, everyone in accordance with his tastes and inclinations. I spend several hours a day in reading sociology and history, am often engaged in the botanical garden and at present am taking a hand in the construction of our Ideal resonance temple. I will take you thru our temple."

"A bottle of Carter's Little Liver pills, please". I looked up and saw a delapidated, fat customer in the store. "Certainly," I said, handed out the pills and, after giving him 12 cents change out of a quarter, I knew that I was out of the sweet chimerea world and back again in the sad monotonous reality."

HORSEBACK RIDING AS A THERAPEUTIC AGENT.

By Edward Wallace Lee, M. D.

Horseback riding is not only a necessity, but a convenience, comfort, pleasure, and, above all, the most health-giving exercise one may indulge in. It is not a new thing. It is not a fad. Horse and man have been associated since time immemorial. Horseback riding was man's first mode of transportation. For pleasure, comfort, convenience, and health, it has never been improved upon. In the words of a famous surgeon, the late Frank Hamilton, "The best medicine for the inside of a man is the outside of a horse."

Horseback riding keeps you well when you think you are sick, and makes you well when you are really sick. In history, poetry, and romance horseback riding goes back to earliest antiquity. Alexander the Great and his riding horse occupy a permanent place in history. We shall never forget the famous words of King Richard the Third: "A horse! A horse! My kingdom for a horse!" It was not an automobile or a bicycle he wanted, but a faithful equine; something that could be depended upon.

Think of what equestrianism has been to our great generals! They accomplished some of their noblest deeds with the aid of the ever faithful horse. Remember the famous rides of Putnam, Paul Revere, and Sheridan, the pony express of Buffalo Bill, the romantic story of Young Lochinvar! We could go on *ad infinitum* with historical references to horseback riding. Equestrianism must not be relegated to the past arts by the innovation of more modern mechanical contrivances of transportation.

Equestrianism as a therapeutic agent has many indications, not only for those who enjoy good health, but for those that are suffering from chronic disturbances. It is especially indicated in so-called torpid liver, chronic functional disturbances of various kinds, and pulmonary and nervous troubles. It is indicated in that form of indigestion known as nervous dyspepsia, and in this condition has wrought many a cure.

The great good derived from horseback riding is due to the beneficial effect it has upon the circulation. Many people are chronic invalids because of poor circulation, producing congestion of various vital organs. Horseback riding in the open air when the weather permits, in a well-ventilated arena at other times, is an exercise that cannot be surpassed as a health-giving and health-maintaining treatment. I have had sufficient observation in this direction to convince me of the wonderful efficacy of the horseback-riding treatment in many conditions, so that I often prescribe it in preference to many of the other so-called physical-culture health promoters. Often I have seen weak, delicate,

anemic girls develop a robust, healthy constitution, the result of properly conducted equestrianism.

Horseback riding is the ideal form of physical culture for the youth and young man. It not only develops the physical man, but it has a high moral tendency; the two factors in the economy of man that go further to promote health, wealth, and happiness than anything else. Can one imagine a more health-giving, joy-inspiring exercise than a morning ride mounted on a well-trained horse; a dash through the park, a trip into the country, with ever changing scene, inhaling pure air; attention directed sufficiently to the horse to give one a sense of responsibility? Such an exercise stimulates a healthy circulation, promotes an abundance of pulmonary oxidation, cleairs the brain, encourages a normal appetite, drives dull care away, and, with all, makes the rider feel that, after all, life is worth living.

Although horseback riding is a natural inherited tendency, it is like many other natural desires and tendencies in that it requires education and training to become an accomplishment, so that its beneficial effects can be fully realized. The natural artist, the natural musician require instruction from the masters. It is not sufficient that a man should be able to stick to the bucking bronco to be an accomplished equestrian. To be accomplished and receive the full benefits to be derived, one should be taught how to mount, how to poise, how to change the gait. This last is very essential. Holding to one gait is often tiresome, and the rider fails to accomplish the purpose desired. A well educated rider is never at a loss to know how to act in case of accident. He cannot be surprised, and he therefore avoids the accident which may befall the untrained. The educated rider acquires a grace, elegance, and refinement that not only are beautifully artistic, but promote a healthy constitution that fortifies the physical economy against many of the ills that flesh is heir to.

Often have I seen the business man at the close of the day, fatigued physically and mentally, his head aching, due to cerebral congestion, worrying over complicated problems that he will carry to his sleepless bed, having but one thought, and that being his troubles of the morrow. Under such conditions I advise horseback riding. Go into the park. Make a dash into the country. On your return, a bath, a cold shower, a rub down. By so doing you will feel refreshed, enjoy your dinner, sleep well, and on the morrow be better prepared to attend to your duties. This prescription accomplishes in a natural way and more effectively than the temporarily stimulating high ball, the dose of liver medicine, and the sleeping powder, the purpose for which it is intended. The nearer to the heart of Nature man lives, the longer and better will he live, and the better will he enjoy his existence. Equestrianism is one of man's natural inherent tendencies, and should not be supplanted by one of the

more modern mechanical forms of exercise. Horseback riding must not be abused. It must be regulated and indulged in systematically, and the rider, to receive the great benefits possible from the exercise, must be trained, even to detail.

Most modern society women drive too much and ride too little. The nervous strain resulting from social functions has a tendency to lower the normal physical standard. Late hours are often followed by prolonged hours in bed the next day. The woman gets up unrefreshed after unsuccessful attempts to sleep during the forenoon. What would be better than remaining in bed would be to get up and take a horseback ride, which would refresh and stimulate both mind and body.

There is nothing that so develops the beauty of women as horseback riding. It not only develops beauty of form and complexion, but maintains it. Aside from the beauty of face and form which attracts, equestrianism develops a beauty of character which makes friends and an ability to hold them. It is universally admitted that American women are the most beautiful. And the most beautiful American women are the equestrians. Who has not seen or heard of the sweet Kentucky belle, with her Venuslike figure, bright, laughing eyes, a beautiful complexion that would put the damask rose to shame; a pose, a grace, artistic lines that are beyond the poet to describe or the artist to reproduce? This beauty of face, form, and character is the inherited and acquired result of equestrianism.

Ir our mothers and maidens more fully appreciated the benefits to be derived from horseback riding, I am sure they would indulge in it to a much greater extent. There is no tonic equal to the clear, bright sunshine, the pure, refreshing air; and the best way to obtain that is on the back of the horse, where the rider gets the benefiit not only of God's natural elements, but an exhilarating exercise that is healthful, stimulating, and a permanent tonic. (*N. Y. Med. Jour.*)

THE PREVAILING STERILITY OF AMERICAN MARRIAGES.

By Geo. J. Engelman, M. D., of Boston, Mass.

I purpose to present for your consideration a subject which has been much in my mind of late, a subject of far-reaching importance, which concerns us not alone in our professional capacity, but equally as members of the community and as citizens of the state—it is the prevailing sterility of American marriages. Above all, I wish to secure an expression of opinion as to the cause of the increasing sterility and the accompanying decrease of fecundity among the women of the country, women with a privilege such as few can boast. The fact we may accept that sterility is more frequent, fecundity less than among women of any other civilized country.

I say that we may accept the fact, not because it appears as the result of my own observation, but because my figures are fully corroborated by the vital statistics of two great states, an eastern and a western, an old and a new civilization; the same high rate of sterility, the same low fecundity prevails in Massachusetts as it does in St. Louis, so that we may well assume this to be the status of the native American-born women throughout this country. Twenty per cent. of all American-born women, in the population at large, are childless, one in every five American marriages is barren, and among the higher classes conditions are even worse; 25 per cent. are sterile.

You will better realize the full significance of these figures when I recall the fact that 11 per cent. is the generally accepted rate of sterility as quoted by Mathews, Duncan and others, and when I tell you that 11 per cent. is the rate of sterility among the foreign-born throughout the entire State of Massachusetts.

At the beginning of the twentieth century 20 per cent. of American marriages are found to be barren, 25 per cent, among the higher classes, whilst not 200 years ago in the American colonies barely 2.5 per cent. were childless, as is the case at the present day among simple, healthy people; among the French-Canadians and in some of the interior districts of Russia and of Norway, 2.5 per cent. and 2.8 per cent.

Let it be distinctly understood that 20 per cent. of marriages are barren, but this does not mean that 20 per cent. of married women are incapable of conceiving; the fault is not altogether with the wife, and I wish to emphasize this because we are as a rule too prone to blame the woman. Male sterility is a factor too much ignored; it is the wife who is invariably sent to the physician or consults him of her own free will, and in almost every instance treatment is promptly inaugurated without interrogation or examination of the husband. This is wrong. It is unscientific. It is sinful.

Gross and others claim that in one out of every six barren marriages sterility is due to the husband, but as I recall my own observations, I feel warranted in saying that the male is even more often at fault, and this is confirmed by authoritative results and those by which we should be guided. From the figures revealed by the careful investigation of Dr. Brothers, we may infer that barrenness of marriage is due to the inability of the male in one of every four cases, and yet it is the wife who is always subjected to treatment; unless, in fact, the husband has some notable and visible defect. With the male so frequently at fault, need we wonder that gynecologic treatment of women for sterility so frequently fails to bring about the desired result?

Let me cite another fact in defense of much accused woman: It is she who is blamed for the limitation of the family, for the prevailing low rate of fecundity, as she has been blamed for the

sterility of marriage, but investigation shows in this instance, too, the injustice and the error of popular belief.

In mixed marriages, between American and foreign-born, fecundity is much lower than it is in marriages in which both bride and groom are foreign-born; in fact it closely approximates the American standard, but more children are invariably born to mixed couples in which the wife is of American birth than if it is the husband who is the native. This I have found verified in every state where such data are available, and it clearly proves that the intentional limitations of the family, which alone can explain the low fecundity of the nation, is referable to the husband rather than it is to the wife.

This is hardly to the point; it is the exceptional frequency of sterile marriages in this country to which I desire to call your attention. This we must accept as an indisputable fact, and a fact deserving of consideration. It is more than a mere statistical fact, a scientific observation or an interesting detail to be recorded and forgotten; it is a subject so closely linked with the welfare of the American people and the future of this country that it merits the careful study of every physician and of every citizen.

Sterility means: 1. More or less ill-health; 2. Lessened fecundity, diminished reproduction, affecting the individual, the family and the state. Increased sterility means decreased fecundity, and what this signifies we in this country do not yet fully realize. You will better appreciate the full bearing of the figures given when I say to you that conditions here among the population at large are much like those of France; the same sterility, the same fecundity, a birthrate of 21 per 1,000 inhabitants, far below that of any other civilized country. But among the native element in the United States conditions are worse even than those of France, now barely holding her own, a birthrate of from 14 to 17 only per 1,000, which means that the native-born American population is not only not holding its own, but is slowly passing away.

In this country we do not as yet appreciate fully the broad significance of this increasing sterility and decreasing fecundity, as our population is growing much like that of other countries by reason of foreign immigration and the greater birth-rate of the large foreign population (two and one-half times that of the native). In France, where sterility is less and fecundity greater than it is among our native American population, the disastrous results of this state of affairs are so evident that government and people are alarmed, and this question of sterility and fecundity has become one of supreme national importance. Scientists and law-givers are seeking means of relief. To the barrenness of French marriages is due the waning power of the state. The armies of France in the early part of the century greatly out-

numbered those of her neighbors of England and Germany; now conditions are reversed. Since 1872 the number of conscripts in France available upon a call to arms has remained practically stationary, whilst Germany, in the same period, records an increase of 120,000, and this regardless of large numbers lost by emigration to this and other countries, whilst France suffers no such loss. By such comparisons only are we able to realize clearly the full significance of the unnatural conditions now prevailing in this country, which stands alone among her sister states of the civilized world with a receding native population. Why is this so? The American woman is born with the fairest heritage of health, and lives under conditions mental and physical more favorable than those of other countries; she is better educated, better housed, better fed, better cared for. Then why this waning reproductive function? This is the question I propose to you; and I desire an expression of opinion as to the cause of this anomalous condition.

Climate cannot be accused, as sterility was of as rare occurrence among the sturdy colonists in the early days of the settlements as it now is among the French immigrants in Canada, who are as fruitful as were the early Americans, and look upon childlessness as a disgrace.

Gonorrhea is perhaps the most frequent of the many causes which have been assigned for barrenness of marriage, but to me it would appear that one and all signify but little in comparison with the wilful interference with the processes of nature by husband and wife, a voluntary and instrumental sterility direct and indirect.

1. Direct, by methods taken for the prevention of conception, and when these fail, by criminal methods of abortion. 2. Indirect, actual sterility induced by methods of prevention resorted to in the earlier years of married life when children were not wanted.

Interference with the normal performance of the sexual act serves not alone to prevent the natural sequence of marriage, conception, but soon disturbs healthy functional activity, so that invalidism and sterility follow in the wake of this all too popular practice.

The time has come for a serious discussion of this question which has so long been a *noli me tangere* that has been but gingerly touched upon, if mentioned at all, and in the security of seclusion, these vicious means of prevention and criminal methods of abortion have grown and spread until they seriously threaten the life of woman. If there is any one prevailing cause of sterility it is this, which also populates the consulting room of the gynecologist, as by limitation of the family it threatens the future of an already vanishing race. I believe that the selfishness of modern life—social ambition and craving for luxury

at any price—is the instigation to these practices which threaten the individual and the state, but I present the subject, as I seek a more authoritative expression from physicians based upon the large experience of a great metropolis, and I would again urge a serious consideration of this and other important questions involved in a study of the unusual prevalence of sterility in American marriages.

[While I agree with the author that wilful prevention of conception is the principal cause of our diminished birth-rate, I almost entirely disagree with him in his statement that the "selfishness of modern life" is the cause of the practice of prevention of conception. It may be a factor, but certainly it is not the principal factor. See the editorial, "Many and Few Children," which will appear in THE CRITIC AND GUIDE in the near future. —EDITOR.]

MISONEISMUS, THE DEEPLY-ROOTED INCLINATION OF MANKIND TO COMBAT NEW IDEAS.

By A. Rose, M.D.

We find in the history of the world, and especially in the history of medicine, innumerable instances in which new ideas have been persistently rejected, which Time has nevertheless proved to be of the greatest service to mankind; often, alas! after their originators, the men who have conferred on mankind these great and lasting services, have suffered persecution, physical or moral, or both, even in some instances, torture. In later days, it is true, we refrain from physical violence, but even so late as in the last century we have seen a great medical benefactor persecuted and his discovery rejected, until, mentally unbalanced by the calumny and ignominy with which he was treated, he was confined in a lunatic asylum and allowed to die there. Then a few years later, we have welcomed his beneficent discoveries and raised a monument in honor of his name and achievements. Let us briefly recall this specific instance.

Ignaz Philipp Semmelweis, born in Ofen, on July 1, 1818, discovered in the year 1847, in Vienna, the etiology of puerperal fever. The records of the great lying-in institution of Vienna, with which Semmelweis was connected, furnished abundant and conclusive evidence of the correctness of his observations. In the year 1848, when the precautions against puerperal fever that followed necessarily from Semmelweis's theories, had been put into force in that institution, puerperal fever was practically banished from it. Yet, in spite of all that Semmelweis wrote and said, none of the great gynecologists of that time, viz., Scanzoni, Spaeth, E. Martin, Braun, or von Siebold, would pay any attention to him; his communications were treated with silence and disdain by some, and received with contumely and ridicule by

others, but the following instances show to what treatment he was subjected:

I. Spaeth, Professor of Obstetrics at Vienna, published in the year 1861 these remarks: "On the origin and nature of the so-called puerperal fever certain views have been put forth and expounded by Semmelweis in a style more rhetorical and dogmatic than we are wont to see in scientific communications. Since, however, his views have now been promulgated these fourteen years, it would seem futile at this time to enter into any exposition of them."

In reference to these and similar remarks from many quarters Semmelweis wrote, in 1861, as follows: "This persistent ignoring of my teachings, this persistent ruminating of errors, impels me to make the following statement: I carry with me the conviction that, ever since the year 1847, thousands and thousands of women and infants have perished who need not have died if my observations had been considered, if I could have combated energetically every error expressed in regard to puerperal fever that came to my notice."

To convince those who might be under the impression that he was exaggerating, he gives the statistics of 2,674 deaths from puerperal fever in the two lying-in institutions in Vienna, during the years between 1847 and 1858, and compares the records of these institutions with his own. He continues: "This murder must cease. I see no other means to stop these massacres than to expose those who are guilty of them, and no honest man can blame me for doing so."

Semmelweis wrote to Scanzoni: "Only two things are possible. Either you are convinced that my teaching is erroneous, or you realize that it is true. No third possibility exists. If you think me in error, I request you herewith to give me your reasons for assuming that my teachings are erroneous; should you, without controverting my teachings, continue to train your pupils in your doctrine of the nature of epidemic puerperal fever, I declare before God and all the world, you are a murderer!"

In 1861 Eduard Caspar Jacob von Siebold published a paper on puerperal fever without so much as a mention of the teachings of Semmelweis. Thereupon Semmelweis wrote to him: "I remember with pleasure the time that we spent together in Pesth; much that is dear to me reminds me of you, but the cries of agony of the women dying of puerperal fever are louder than the voice of my heart, and my reason commands me to proclaim the truth, even though my heart suffer painfully at attacking you."

Von Siebold had based his opposition to the views of Semmelweis on the authority of the Academy of Medicine of Paris, which had, under the presidency of Orfila, declared itself against

Semmelweis. Siebold considered it superfluous to summon any other reasons to his aid in his opposition to the theory of Semmelweis.

Semmelweis then published another open letter addressed to all obstetricians; this together with those addressed to Spaeth, Scanzoni, Siebold and many others, was written after his book on the etiology, nature and prophylaxis of puerperal fever had been issued in 1861.

I was a medical student at the University of Jena during the years from 1860 to 1863. B. Schultze was then, and still is, professor of obstetrics and gynecology there. At one lecture,—it was at the end of a semester—we were shown a large number of pelves, freshly prepared, all those of women who had died of puerperal fever during the preceding six months. So far as I can remember, no woman who was admitted for confinement during that period, left the institution alive. All died from puerperal fever. Disinfection of the hands, insisted upon by Semmelweis, had not received any consideration, even by such an eminent man as Professor Schultze. Subsequently, the whole building was torn down and a new one erected.

The letters of Semmelweis furnish testimony of the agony this martyr to Truth and Science must have suffered until he was driven to excitement. He addressed people in the street, laborers, business men, to listen to him, since the prejudiced professors would not hear him. Upon this he was declared insane, taken to the lunatic asylum and died there, August 13, 1865, in his forty-seventh year.

And now a splendid monument has been erected at Buda-Pesth in his honor, from contributions by the medical profession throughout the entire world!

There are examples in the history of medicine of unselfish devotion, of indefatigable, ever active philanthropy, like that of Semmelweis.

The great American physician, Oliver Wendell Holmes, had already spoken of his observation on the etiology of puerperal fever, which was exactly the same as that of Semmelweis, in April, 1843, before a medical society. One of the greatest medical, so-called, authorities, Meigs, attacked him, saying, "I prefer to attribute this fact to accident or to an act of Providence, rather than to what you attribute it to, and of which I have no conception." Upon this great authority, the discoverer was attacked from all sides, exactly as Semmelweis was upon the authority of Virchow, who ridiculed the ideas of Semmelweis. One great Philadelphia university professor wrote even a libel against Holmes. The martyr replied: "I do not consider myself

insulted and I will not render like for like. There exists no invective and no sarcasm in the lexicon which could touch me in such a controversy. I appeal from the libel of the Professor of the Gerveson School of Philadelphia to the sense of those whom I do not know, and who do not know me, nor have any personal interest in me, but interest only in my ideas. The teachings of both great universities are destined to be heard not only by their pupils, but by the medical profession at large. I am too serious to humble myself or to be unassuming. I beg those in whose hands life or death is laid, to hear me for this once. I ask no personal favor. I only ask for the sake of those whose lives are in danger until a more powerful voice than mine shall plead for them. Everyone who disregards my teaching and causes destruction thereby has to ask the Lord to be forgiven, for men cannot forgive him."

This dignified and kindly language forms a contrast to the abusive expressions of his opponents.

The two noble men, the German and the American, were not aware of each other's publications until later, certainly not before the year 1861.—*Post-Graduate.*

CARE IN WRITING AND IN FILLING PRESCRIPTIONS.

From Charlestown, Mass., comes another warning to physicians to write their prescriptions plainly, and to druggists to be absolutely certain that they have read the prescription aright before attempting to fill it. A physician prescribed "laxol," a preparation of castor oil and peppermint, and the druggist dispensed "lysol." The patient died, and the druggist is being sued for $10,000 damages, notwithstanding that the doctor who performed the autopsy reported that the patient had died of pneumonia, and that if the lysol had had any effect it was of a subsidiary nature.

GO NAKED.

No, not in the streets. That would be inconvenient. Our effete civilization would not permit it. But personally I am convinced that many of our bodily ills are due to the fact that from the cradle to the grave, our body is hardly ever permitted to come in direct contact with the life giving rays of the sun and the ether of the atmosphere. Make it a rule to go about naked—in your own room—for an hour or at least half an hour every day. You can do it when you get up in the morning or on going to bed. Do it for a month and note the difference. No, you won't catch cold.

A TREATISE

ON

Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIM J. ROBINSON, PH.G., M.D.

(Contiuation)

162.—Mercauro..... ℥j
Strych. Nitratis..... grn. iij
Atropini. Sulphatis..... grn. ij
S.: Ten drops in water, four times a day.

This very potent prescription, which again illustrates the reprehensible desire of some physicians to get half a dozen physiologic effects out of the same bottle, was presented to a druggist a few days ago. He knew enuf to refuse to dispense it as written and to inform the prescriber that it would make a dangerous combination. The bromides of gold and mercury present in mercauro will precipitate the alkaloids.

163.—Hydrogenii Perox..... 10.0
Ac. Chromici..... 1.0
S.: Caustic. For doctor's use only.

The doctor could just as well have allowed this "caustic" into the patient's hands, as it was no longer caustic and was powerless for harm or for good. This prescription illustrates beautifully the remarkable property of hydrogen peroxide to exercise first its oxidizing, then its reducing power on the same substance. On mixing the above substances a blue color is at once formed, due to the oxidation of the chromic acid (chromic trioxide) into perchromic acid (chromic pentoxide), but soon the blue color disappears, and a brownish amorphous powder precipitates. This precipitate is chromium sesquioxide, formed by the reduction of the perchromic acid. The following two reactions make the changes plain:

$$\underset{\text{Chromic Acid}}{CrO_3} + \underset{\text{Hydrogen Perox}}{2H_2O_2} = \underset{\text{Perchrom. ac.}}{CrO_5} + \underset{\text{Water}}{2H_2O}$$

$$\underset{\text{Perchrom Ac.}}{2CrO_5} + 3H_2O_2 \rightleftharpoons \underset{\text{Chrom Sesquiox.}}{Cr_2O_3} + 3H_2O + \underset{\text{Oxygen}}{5O_2}$$

This evolution of oxygen is quite abundant, as can be demonstrated by applying a glowing match to the mouth of the bottle or test-tube.

164.—Hydrarg. Bichlor. Corr.....gr. iij
Natrii Bibor.....ʒiss
Syr. Rub. Idæi.....ʒss
Aquæ Destill. .....q. s. ad ʒiij

In one week the writer received two prescriptions like the above; they both came from Brooklyn pharmacists, and originated from the same physician. On dissolving the salts and mixing the solutions, a brownish-red precipitate forms, consisting of mercury oxychloride, with probably some mercury borate. There is no mercury left in the supernatant liquid, as is shown by applying the various tests for mercury. How can this precipitation be prevented? We studied the properties of borax and its behavior with glycerin in previous prescriptions. We know that glycerin decomposes into boric acid and sodium metaborate. On adding some glycerin to the solution of the borax and then adding the corrosive sublimate, no red precipitate will be formed. In fact, it might seem at first that with this modification the prescription is all right. But it is not. After a short while a slight whitish precipitate will be found thruout the liquid and at the bottom of the vessel. Whether this is mercury metaborate, or whether it is due to the impurities present in commercial borax, has not been determined; the prescription should not be dispensed. The only way out of the difficulty is to substitute boric acid for borax; on mixing $HgCl_2$ with a solution of boric acid, a perfectly clear solution is obtained, and one that remains so indefinitely.

165.—Sacchari Saturni.....gr. vj
Kali Hydriodici.....gr. viij
Syr. Violarum.....ʒiv
Aquæ Fontanæ.....ʒj

The first ingredient is sugar of lead, or lead acetate; the second, potassium iodide; the third, syrup of violets (a syrup well known in Europe and prepared from the fresh flowers of viola odorata, our "sweet-blue" violet); and the fourth, spring water. It does not require much knowledge of chemistry to be aware of the fact that the first two ingredients are incompatible. Lead iodide precipitates. The reaction is as follows:

$$Pb\,(C_2H_3O_2)_2 + 2KI = PbI_2 + 2KC_2H_3O_2.$$

Where the potassium iodide is greatly in excess over the lead acetate, the precipitate will redissolve, as lead iodide is soluble in a concentrated solution of potassium iodide forming a double iodide of potassium and lead.

(To be Continued.)

[SQUIB — A pithy comment on men or things — Dictionary.]

THE SQUIBBER

Frank Homer, Ph. G. Pithy Comments on Things Pharmaceutical.

The recent annual commencement of the New York College of Pharmacy at Carnegie Music Hall, was a very nice and impressive affair. There were good music, flowers, decorations, speeches, and all that sort of thing; and the graduates in cap and gown, filing down the aisles with measured tread, made an imposing picture, as did the various dignitaries on the platform. But there was the same spreading out of details by the different functionaries that goes to make these affairs somewhat tiresome. The people in attendance are satisfied, for instance, to learn that a certain student has won a gold medal for the best examination in general chemistry, but they hardly have the inclination to go over the whole course with him, as some of the medal awarders would have them do. Cut it shorter, gentlemen, and the reserved seats will be taken early.

* * *

With the newspapers of Massachusetts recording daily the unseemly struggle of the druggists of that state to obtain licenses of one class or another to sell liquor—and thus creating a popular impression that the trade in liquor must form a very important part of the druggists' business in the old Bay State—the name of one of their number stands out brightly, that of Wm. Miller Bartlett, of Salem. He says he not only doesn't want a liquor license, but wouldn't accept it if it were offered him. He conducts his drug business successfully without selling intoxicants. A license to sell liquor on the prescription of a physician is the only one a druggist has any business with. Any other license makes the drug-store in part a "gin mill," and operates against "raising the standard of pharmacy," of which we hear so much nowadays.

* * *

The lackadaisical, or even hostile attitude of the druggists in certain localities toward the N. A. R. D. is hard to understand, in the face of the steady progress of the National Association in bettering conditions in other localities where the druggists are willing to put their shoulders to the wheel. When firms like Smith, Kline & French, of Philadelphia, or Peter Van Schaack & Sons, of Chicago, are called to account for "inadvertence," or something else, in selling cutters, and promise not to offend thereafter, it seems as if there must be a good deal of horse-power in the N. A. R. D., the use of which should be worth the full $2 dues charged, and of which the druggists of all communities have need. It's a blind man who can't see, too, that the National Association has possibilities beyond the mere control of "patent-medicine" prices.

* * *

The completion of fifty continuous years as proprietor or part proprietor in the drug business, is the event just celebrated by Chas. W. Snow, head of the wholesale house of C. W. Snow & Co., Syracuse. We doubt if any man could make such a record unless he had adhered pretty rigidly to principles of right living—had kept his body sound, his mind cultivated, and been just and fair in his dealings with his fellowmen.

* * *

The M. J. Breitenbach Co., proprietors of Pepto-Mangan, has won its suit against the Siegel-Cooper Co., which is restrained from making use of the words Pepto-Manganate, or any term similar to Pepto-Mangan, in connection with the advertisement or sale of any preparation, excepting only that of the plaintiff. This should have a deterrent effect on those who would trade in misleading names that approximate those given to preparations made popular by others, and should cause the man who means to be honest to be very careful in his selection of a trade name. The result of the suit is considered a great victory for the M. J. Breitenbach Co.

* * *

Ex-President J. L. Parker, of the Alabama Pharmaceutical Association, is a stanch believer in a pharmacist's having a good general, as well as a professional, education. In his brilliant address at the recent convention of his association, he said that the educated, practical, and honest pharmacist is in greater demand

than ever, but he wasn't to be had for $50—only $100 and up men could do the work satisfactorily. One of his gems of advice is that pharmacists should provide themselves with the best drug journals, and study the recognized authorities, so that they may avoid vexatious delays while vainly hunting for information.

* * *

The tendency in Connecticut toward an increase of drug-stores and a decrease of saloons is pregnant with significance, says a Hartford paper, which shows that while in ten years the number of liquor licenses in Hartford had decreased by thirty-three, the number of drug licenses had increased by twenty-three, mostly in the suburban districts. The contention is that it is comparatively easy to secure a license to establish a drug-store in the residential district where an application for a liquor license would develop strong neighborhood opposition. The Hartford Druggists' Association could do no more useful work than help root out "blind-pigs' or else publicly refute the aspersions cast upon the druggists of the city.

* * *

We thought that Thomas J. Keenan, associated editor of the American Druggist, would have made an excellent member on our Board of Pharmacy. He is clean-cut and aggressive, free from college alliances, knows the needs of both the pharmacist and the public, and has the necessary backbone to do what is right. We offered him the nomination, assuring him of the support of two societies at least, but he considered the matter and declined with thanks.

* * *

A pharmaceutical instructor was recently asked by a student what "titration" meant? "Titration, titration? There *is no such a word* as titration. You must mean "trituration." This is not a joke, but a positive fact. And still that fellow claims to be able to prepare students for the Board of Pharmacy Examinations. Poor pharmacy!

* * *

Every fair-minded pharmacist will learn with regret of the resignation of Dr. Albert H. Brundage. He is one of the most capable members on our Board, and withal strictly honest and impartial, and free from that petty spirit of persecution and vindictiveness, which unfortunately characterizes some of our other members.

Samuel Van Buren Swann, secretary of the Manhattan Pharmac Association, suggested at a meeting of that body, recently that druggists keep on their counters—presumably for the moral effect on patrons—a copy of the article on "The Patent Medicine Curse," which appeared in the "Ladies' Home Journal."

That is a very good suggestion, but the Squibber begs to remind his friend Swann that the suggestion is not original. The Squibber has seen many editorials from the Critic and Guide pasted on the show cases, or even on the windows. And many druggists order from ten to fifty copies of a special issue, to distribute among their customers.

Some author-physician—I forget who—writes of the difficulty encountered in attempting to combine a literary career with a medical one. Invariably, when the mood for writing was strongest upon him, would come interruptions from his medical practice. The quiet hours of the evening come—when most men can calmly repose and read or write as may suit their fancy — he takes out his sheets and proceeds to write. Suddenly the bell rings and the man announces:

"Johnny Bodkins to see you, sir."

"All right, let him in." "Hello, Johnny, what is it?"

"Mamma wants to know is she to take the medicine plain or in water?"

"In water, certainly, Johnny." This positively spoken decision is important in medicine, even though the water, in this instance, is of no possible importance.

Johnny leaves only to return in ten minutes in great excitement.

"When I got home, doctor, mamma had just taken her medicine without water. She says what should she do?"

"Tell her, my boy, that it doesn't matter this one time—its' all right!"

Exit Johnny once more. Scarcely has the doctor resumed his writing, however, when in walks Mr. Johnny Sr. who remarks that there seems to be some misunderstanding about the medicine, greeting the doctor very coldly at the same time.

Despite the doctor's assurance that it is all right he declines to be reassured, and is only satisfied when the doctor finally drops his work and goes over to visit his wife. S. W. B.

LETTERS TO THE EDITOR.

The Coming Board of Pharmacy Elections.

One would expect the pharmacists of this progressive city to be familiar with all legislation affecting their profession. It is surprising however to learn, what a vast number of druggists are entirely ignorant of what is going on in the pharmaceutical world. They seem to be so apathetic even where their immediate interests are at stake, they break with such indifference upon the efforts of the few striving with all their might to throw a ray of hope upon the future of Pharmacy, that even the most zealous in our midst, at times, give way to despair.

Many of the pharmacists seem to take it for granted, that anything accomplished, is done so, as a matter of course by some one whose business it is to watch over them, and they never dream of all the sacrifices made by the few active men in the organizations, of all the labor, time and money expended in the pursuit for the least progressive step either thru legislation or otherwise, they never dream, that in most cases such sacrifices are made by their colleagues without a thought of remuneration, nay, that oftentimes abuse is the only thanks they get.

I address these words to those of my fellow-pharmacists who are not members of any organization, in hope that their eyes may be opened to the absolute necessity of concerted action and that I may induce them to join the organized ranks of the profession.

Particularly now, when the right of suffrage has been granted to you through the efforts of the New York Retail Druggists Association, every licenced pharmacist should join our ranks, that he may exercise this right in the proper direction, for remember, now that *you* have the say, the bed you will lie on will be of your own making.

20 Delancey St. Peter Diamond.

As the coming Board of Pharmacy election approaches near. it is imperative for every pharmacist to study the situation and the underlying principles of the coming campaign. It is asserted that the Eastern Branch of the Board of Pharmacy is entirely dominated by the two Pharmacy colleges in Greater New York. That the members of the Board and the supporters of the colleges have in the past used every influence possible to prevent an outside impartial pharmacist from entering their ranks does look somewhat suspicious. Does not a situation of this kind throw some dark shadow even upon the workings of our two colleges? The prestige of such colleges must necessarily suffer when one thinks of the sort of family affair arrangements existing. Why not raise the level in our colleges so that favoritism at the final examination should be impossible? Let this question of great importance to you and to every pharmacist in this section, be uppermost in your mind on election day. The watchword from now on and until June 15th should be: "No college of Pharmacy influence on the Board." Three candidates will appeal for your suffrage at the coming election: Chas. F. Erb, who is the heart and soul of the N. Y. College of Pharmacy, a trustee of said college, the president for many years of its Alumni; Mr. J. Kahn who is an instructor at the Brooklyn College of Pharmacy and Mr. J. Weinstein, who has absolutely nothing to do with any of the two colleges. He is fair, honest and sincere in his desire to serve you and every pharmacist of this City. If you will carefully study the question you will be convinced that the most logical act on your part on the day of election would be to cast your ballot for Mr. J. Weinstein.

New York. A. Bakst.

The June election is near at hand! The right of voting which has been denied to some pharmacists heretofore and granted only through the combined efforts of the New York Retail Druggists Association, is certainly worthy of deep thought and interest as to how best to use it on the day of election.

The past year has shown the importance and necessity of having men elected to the Board of Pharmacy free from personal interest and who share the fate of retail drug life so that they may know

to guard public health and welfare, out injury to the retail druggist. is the duty of every pharmacist, be oprietor or clerk, to exclude politics this campaign and vote for the man ill give the profession the best re- ntation. Mr. Joseph Weinstein, f the candidates in the field, has all ualifications for this office and is e reproach. He is a man, who has the benefit of a European Univer- education, who has devoted most of fe to the retail drug trade, and is y a prominent retailer. By casting ballot for him, you will help select n to serve on the Board, who will avor to honestly represent — your ests, as well as that of Pharmacy at :. A. W.

itor CRITIC & GUIDE:—I saw a copy e CRITIC & GUIDE in one of our cus- r's offices. I enclose $1.00. Please me a copy each month. I am very to know there is some one taking ie fake medicine business to bring he true facts. Respectfully yours

Edward A. Bender,
Manufacturing Chemists,
caster Ave. & 41st St., Phila.

The B. C. P. and the B. P. I.

have made no changes in the style or ortho- of this communication.]

ar Doctor:—Before I begin my ar- nt, as a reader of the CRITIC & E, let me say that I greatly admire perseverience, ability and tact in editorials. Let me encourage you, our fearless and independent argu- s. It seems as tho I cannot wait one month to another until I receive next issue. Your editorials fit name of your paper to a model. e is but one point in your paper, h I have taken the liberty to critic- nd here let me begin my argument. call attention to the disgraceful lition of Pharmacy; true, it is on ne side, but not the side you have en. Pharmaceutical education has elevated considerably in the past ears, and is advancing from day to which you must admit as you stat- graduation in pharmacy has now ne necessary. Is not this advance- ? I am sure not disgraceful, as state. Certainly my colleagues must with me. You also state that the klyn College of Pharmacy-students very little. Can you back this argument with facts? Is there any institution giving a better course of instructions, and turning out better drilled men than the B. C. P.? Leaving out the question of Personality I am positive you cannot begin to compare any men from the Prepartory School with them (or any Ph. G's.) Is not a two year course sufficient to give a perfect drilling to any student; in Pharmacy and all its branches; can men who have been prepared by the Board of Pharmacy Institute school and teachings in from eight to ten weeks in a hurried and "ship shod" manner be compared with any (college men) has he the same ability and the same amount of knowledge, that the college graduate has? No never, and never will, and the intellegent public must agree with me, that turning out men in such short time and so unexperienced and unqualified is disgraceful and a crime in my estimation. Should not this be condemned? Still The Board of Pharmacy Institute turns out large numbers under these conditions regardless of how the lives of the public in general may have been endangered by this gross "ignorance." At this point let me ask you as man of your ability where Pharmaceutical Education in College is (Disgraceful) as you termed it in your editorial?

P. S. — I have no personal feeling against the C. & G. or its editor, but have simply not technicaly but practicly taken up this argument with no official backing, but from my personal point of view. Having taken advantage of this phrase (Every reader has an equal show with the editor to express his opinion), on the cover of the CRITIC & GUIDE. If you can answer this argument with a gaining loss, [?] I am sure it will bring its weight in Gold from the numerous readers of the C. & G.

With Best Wishes, Sincerely Yours,
Gustave Zenner Ph. G.
4 Bedford Ave., Brooklyn, N. Y.

The above was submitted to the Board of Pharmacy Institute, and its Secretary sent the following reply: Mr. Zenner, whoever he may be, is probably sincere, but his letter hardly requires a reply: it answers itself. Still we shall try to enlighten him. The proof of the pudding is in the eating. The fact that the Institute graduates are more successful before the Board than the Brooklyn College students, tho the College has mem-

bers on the Board and the Institute has not, is sufficient proof of the thoroness of the instruction imparted at the Institute. And then again, why do juniors and seniors and even *graduates* from the college come to the Board of Pharmacy Institute for a "final touching up?" That this is so, can be proved by incontrovertible facts. The claim of a "two years" course is false. What are the "two years," when analysed? Merely two sessions of 6 or 7 months each, and only 3 times a week. Actually it amounts to only 6 or 7 months instruction, and in this time the ignorant student, (because it will be admitted, that often he is hardly able to sign his name) is expected to learn botany, pharmacognosy, microscopy, inorganic and organic chemistry, volumetric analysis, etc. If the student falls behind in the beginning of the session, he is lost for the remainder. The result is that in eight cases out of ten the graduates are woeful ignoramuses, with only a very superficial smattering of the various subjects. In the Board of Pharmacy Institute, however, the entire 5 or 6 months—which is the average length of the course—are devoted to the study of the essential points of practical pharmacy and chemistry; the other subjects being taught only as far as they are required by the Board. The result is that the student graduates a thoro pharmacist and prescriptionist and passes readily the Board examination. The study cannot be cramming, because the examination are *now* (thanks to the writings and agitation of Dr. Robinson) of such a character that you cannot pass them by merely cramming. You cannot "cram" mathematics or stoichiometry. Then again the fact that the Institute graduates always manage to secure and hold positions in the very best pharmacies speaks rather favorably for the Institute instruction, and goes to show that the danger is not from that source. Mr. Zenner should learn a little more, investigate a little more, before attempting to pass judgment.

That paper of mine in the Journal American Medical Association.

My dear Dr. Robinson:—Your sample copy of the CRITIC & GUIDE at hand. It seems to promise much, and may, I hope, be the forerunner of a Journal free of all advertisements — and consecrated not alone to the scientific side of medicine,—but one that will concern itself in the work of protecting medical men from the danger of over confidence in the claims and teaching of pharmaceutical firms, and sometimes the teachings of the prostituted talents of men high in the ranks of our profession.

Ovoferrin deceived me into a trial because two seemingly competent men lent their name and their fame to its promotion. It has failed me as a "sure" blood maker, tho my patients speak of an increased appetite.

Vin Mariani I use extensively and feel that in many things it proves its value. Your statement to the contrary, it is or was advertised to the laity in Montreal. The Alkaloidal Clinic may wage a virtuous battle in behalf of its hobby, but its many dubious teachings, and its manner of setting forth principles of therapeutics and methods of diagnosis is a detriment to the onward march of medicine. It makes the weak in medicine weaker, and more dependent, and it discourages the strong from fighting the battle of facts and ideals. I read your article in the J. A. M. A. and your criticism of the young physician. He was not to blame—The Alkaloidal Clinic and Med. Brief and scores of half-better or worse Journals have become his teacher, because men high in our ranks have given them a standing by their medical or surgical contributions to their columns.

Enclosed please find my subscription to the CRITIC & GUIDE. I remain, Very truly yours, George A. Fagan, M.D.

15½ Centre St., North Adams, Mass.

Dear Doctor:—I read with great interest your excellent paper on "The Composition of Nustrums," and just now the disgusting attack of "Phenalgin vs. Malaria and its plasmodium."

Just look at the title! with the red stamp!! to make it "official" somehow!! You have a fine opportunity to handle that document, of the St. Louis Hospital! I am in hearty sympathy with the position you take. Yours very truly

Nutley, N. J. Joseph Clements, M. D.

April 17th, 1904.

Dear Doctor Robinson: — I am much interested in the subject of your paper appearing in "Journ. A. M. A." for April 1904, and truly wish that it might be read by *every* physician in the United States. Five years ago, I came from a large city into the country to practise and recoup my health which in a meas-

ure was injured by ten years professional teaching and work. Here I was, and am, amazed, at the reckless and intemperate use of nostrums, patent and proprietary, by both the laity and physician. The remedy must lie with the profession, to a large extent. For inst., 6 barrels of "Dr. Kilmer's Swamp Root" are sold and *drunk* in this vicinity annually.—Will you advise me at to where I can procure analyses of these different nostrums and proprietary curses of our craft? What is the best way to educate the people, (especially farmers), as to the perniciousness of the abuse of such mixtures as "Swamp Root" et al.? I really think that the promiscuous use of these compounds by the public gives the physician 50% more work to do, and their suppression by the profession would be another instance of its unselfishness. It would be a blessing if you, an acknowledged analytical authority, would write something for us to use in the campaign, or even an outline for our guidance in the fight. I know that hundreds of dollars go entirely out of this county, to every state in the Union, from people who cannot afford the money from the care of their families. Many of these dupes never think they have money enough to pay the country doctor his modest hard-earned fees. Humbug can never be eradicated from this world so long as human nature exists, but we can hope to curb it to some extent through such men as you are, who appreciate the gravity of the thing. I am, Faithfully yonrs,

Cato, N. Y. T. Haven Ross, M. D.

W. J. Robinson, M. D. Dear Doctor:—I wish to compliment and thank you for your article on "Ethical" Nostrums. Let us have some more of the same sort. Education, agitation and *exposure* of the guilty ones will do the work. This is such an important and timely subject, which will not correct itself; the condition is an appalling one and will simply go from bad to worse, unless a decided stand against it is taken by the profession—not by individual members, but by societies, the association as a whole. I am intensely interested in this thing and would like to have written a few lines concerning it, but time forbids.

Sincerely yours, L. F. Schmauss,
209 N. Front St., Mankato, Minn.

Dear Doctor:—I have read with much interest, your article on "The composition of some so-called synthetics and ethical nostrums" in the Journal of April 16th. Being somewhat interested in this particular line of progress, or lack of progress, I should esteem it a great favor if I could get a copy of the reprint of your article, for preservation and future reference. Yours very truly,

Martin I. Wilbert,
2811 Diamond St.. Phil., pa.

Dr. J. Robinson.—My dear Doctor:—Your article on "The Composition of Some So-Called Synthetics and "Ethical" Nostrums, published in *The Journal*, I have just read with interest and profit. Being formerly Professor of Materia Medica I have had much the same experience, but it is out of my line now. I will urge you to keep up the noble work, and I am sure I voice the sentiment, that all members of the profession should try to be scientific and up-to-date, but you must keep at it. You have got to talk about it in season and out of season. You must write. yes, hundreds of articles on the same subject and publish them in all kinds of papers. It is only by keeping at it, and stirring up others to do the same that good can be accomplished. You know it is to think, and this class of remedies would soon cease to exist if the profession would not use them. They would have, also, fewer uses if the *Journals* would not publish so much about them, either in their advertising pages, or otherwise. Yours truly,

Detroit, Mich. J. H. Carstens, M.D

Dr. W. J. Robinson.—My dear Doctor: I have read with a great deal of pleasure your article in the Journal of the American Medical Association of April 16th. I have been working along this same line for some time among our Indiana physicians and hope to accomplish some good. In my own parctise I use very few remedies that are not in U. S. P. and then only when I know the exact composition. However I have had the advantage over many physicians in being a Graduate in Pharmacy and can now see the advantage in a thoro course in chemistry and Pharmacy thus acquiring a knowledge of the composition of the different remedies.

Dear Doctor:—I have read your article on "Ethical Nostrums" in April 16th number of the A. M. A. Journal with much pleasure and profit. Respectfully,
Fort Dodge, Iowa. W.W. Bowen, M.D.

At the last meeting of the U. S. Pharmacopeial convention held in Washington D. C. in May, 1900, this very subject was discussed and it was generally agreed that a more general use and study of the U. S. Pharmacopeia was necessary to bring about the desired result. The Pharmacopeia is practically unknown among medical students and I am sure that if it had not been for my course in Pharmacy I should hardly know that there is such a book. I feel very sure that a very thoro study of the U. S. P. will at least partially correct the evil.

Shelbyville, Indiana. Samuel Kennedy.

Dear Doctor: — It may be quite superfluous, but I wish to express my appreciation of your excellent paper in Journal A. M. D. of the 16th inst. It is just such a discussion as I have long wished to see. I hope there may be more of the same character. The profession is continually flooded with literature presenting in enthusiastic terms, the unfailing success of this or that preparation and frequently with samples and the request to try and be convinced. Most of mine travel a short path to the waste basket. I certainly have not, and few country practitioners have, a sufficiently large practice to test out all these things clinically and then select the best. It would require too long to get a sufficiently large series of cases to render conclusions of any value. And yet we know that from time to time new and valuable preparations appear, which we do not find in our materia medica. Comparatively few have technical knowlege and skill to make accurate clinical analysis and still fewer the requesite facilities. We want the best, but how are we to know? We cannot rely implicitly on the accompanying literature. We must also use some discrimination in what we take from some of the papers in some of the supposedly ethical journals. It is my humble opinion that the large majority of any good journal's clientlle will not consider it beneath the dignity to furnish definite information concerning these advertised products.

Personally I would appreciate papers on the really valuable preparations even tho somebody did profit by it. I realize, however, that it is more diffficult to write of such matters as openly and frankly as you have in this article without appearing to be interested, or rather I should say without being accused of prejudicial bias. One word more. In the current No. of *Merck's Archives* is an article on "Active Principle Therapy." The author pleads the same cause as the Alkaloidal Clinic of Chicago, minus the Clinic's prominent commercial bias. I am not an admirer of the Clinic or of its methods. At the same time the argument has logical form. It seems to me that a full, fair, unprejudiced and disinterested (commercially) discussion of this subject would be valuable to many. Sometime ago I wrote Dr. Gould suggesting that it would be a good subject for him to have discussed in American Medicine. He suggested that I work the subject up and write on it. But a man in a country town of only 3500 and with a little over four years practise cannot command the clinical resources, to present a valuable discussion. An isolated case here and there proves little, as to effficiency of a given therapeutic measure.

Very sincerely yours,
Benjamin G. Dyer, Ames, Iowa.

Editor, CRITIC & GUIDE:—The following may be of interest. A young man swallowed twenty three 1/40 gr. sulph of strychnine tablets and washed it down with one ounce of laudanum. I saw him about one and one half hour after. He was sitting on the side of the bed, deploring the misfurtune, so he termed it, of still living. The policeman said he was sleeping lightly when he arrived, an hour earlier. I found him—with the exception of contracted pupil, itching of nose, and effects of whiskey, drank thru the day—all right, or condition normal. I doubted his having taken the poison, but we assured by those who saw him in the act, as well as by every evidence he could give, together with his word, that he had swallowed above amount and would repeat if only allowed. I am convinced he did so, and the question now in my mind is—why he did not suffer from poison? He would not allow stomach pump or relief given.

L. S. Alexander, M. D.
St. Augustine, Fla.

[The laudanum was probably very weak and the strychnine counteracted the sedative effect of the opium.]

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. JULY 1904. No. 1.

THE CRITIC & GUIDE AND FOREIGN MANUFACTURERS—AN APPEAL TO THE MEDICAL PROFESSION.

From the attacks and calumnies of the nostrum-venders, fake-manufacturers, venal writers and corrupt journalists, I appeal to the intelligence and conscience of the Medical Profession. I beg you to listen attentively and judge unbiasedly.

The appearance of the "Critic & Guide" was like a thunderbolt from a clear sky to all those who, parasite-like, live on the gullibility of the Medical Profession. It is a positive fact, that up to the appearance of the "Critic & Guide" no effort had ever been made to expose the fraudulent preparations or the venal journals in a determined, persistent, unswerving and authoritative manner. A sporadic article would appear occasionally, but it would soon be forgotten; especially so, as not infrequently, it would be of the wholesale-denunciation kind, which would do more harm than good. With the appearance of the "Critic & Guide" things assumed a different aspect. The fakirs saw that they had a formidable foe, who knew what he was talking about, whose analyses were correct, and who could neither be bought, cajoled nor frightened. What were they to do? To look with equanimity at their trade slipping away from them would be to expect too much. To attack the Editor's private or professional life they could not very well. The Editor happens to lead a model life and his professional career is as clear as sunshine. There was, therefore, only one thing to do, and that was to attack the raison d'être of the Journal, to attack the Editor's motives. And the fakirs have done this persistently and systematically from the appearance of the very first issue of the "Critic & Guide." My readers will recollect that in the first issue there appeared an editorial: The Antikamnia Humbug, which hurt the Anti-

kamnia people very much. The Antikamnia people then had some quarrel with the well-known firm of Eimer & Amend, and presto, instead of controverting my editorial—which they couldn't—they spread the rumor that my editorial was inspired by the Eimer & Amend people. And a note to that effect appeared in the now defunct "Medical Critic," which carried the Antikamnia ads. Only when proof was presented, that that editorial was prepared and delivered as an address nearly a year before the quarrel between the Antikamnia people and E. & A. started, was the baseness and baselessness of the rumor seen and acknowledged.

In the March issue I exposed thermol, the great "antipyretic alkaloid prepared from carbolic acid," which I showed to consist of nothing but impure acetphenetedin or phenacetin. Forthwith the fakirs began to spread statements that the article was inspired by the Farbenfabriken of Elberfeld Company, and some of them even had the brazen meanness to assert that the Farbenfabriken Co. was behind the "Critic & Guide," was backing it or publishing it, etc. And this stupid idiotic calumny has been persistently kept up and spread wherever and whenever possible by every fakir on whose corns I had occasion to tread: by Dr. Summers, of thermol "fame," by the "Medical Brief," by the Antikamnia people, the Phenalgin Company, etc., etc. A little later, when number after number of the "Critic & Guide" appeared and it was plainly seen that the Farbenfabriken carried no more advertising than any other firm, when it was seen that not a single original article appeared on any of the Farbenfabriken products, when it was seen that in the Materia Medica Department articles were abstracted impartially and without reference as to the source of manufacture (and even without reference as to whether the manufacturers of the product advertised in the "Critic & Guide" or not), when a strong editorial appeared advocating the prohibition by law of the sale of phenacetin, except on a physician's prescription, then the dishonest fakirs changed their tactics a little and began to claim that the "Critic & Guide" is in favor of foreign chemicals in general, as against American-made chemicals.

Now, the word liar is not a nice word to use, but it is a dictionary word and it defines a certain class of persons better than any other word can. According to the dictionary, a liar is one who knowingly and intentionally utters a falsehood, and I declare upon everything that is sacred to me, that those who say that the "Critic & Guide" is in any way, shape or manner, directly or indirectly, closely or remotely connected with any manufacturing house whatsoever, are LIARS, and as the lie is uttered with malice aforethought, they are *contemptible, malicious liars!* (Let those whom the cap fits wear it!)

I believe there is no journal in the world freer from all and any entangling influence than is the "Critic & Guide." The fakirs say that I puff the foreign products in my pages. Again they lie. Let them point to a single editorial in all the eighteen issues of the "Critic & Guide" in which a foreign product—or any other product for that matter—was puffed. Let them point to a SINGLE original article in which a "foreign" remedy was puffed! I would have no objection to printing honest original articles on well defined products, but it so happened that I haven't printed a single clinical article on any proprietary product—you can therefore see the baseness and the meanness of the assertions of the nostrum-venders.

As to the Farbenfabriken in particular, I hereby declare publicly that I have never met any member of that firm; Dr. Schweitzer was pointed out to me two years ago in Saratoga, at the meeting of the A. M. A., but I did not speak to him and never met him until **March 12, 1904,** when he was introduced to me at the house of Prof. Carl Beck, at an entertainment given by that gentleman. The advertisement from the Farbenfabriken came in the regular manner; they pay the regular price—and that's all there is to it. The Farbenfabriken is an excellent company, they have given the medical profession some excellent products—but they have no more to say about the management of the "Critic & Guide" than the Emperor of Germany, the Archimandrite of Armenia or Mother Mary Baker Eddy. And this is true not only of the Farbenfabriken, but of any other advertiser. An advertisement in the full of-life, constantly-growing and attention-compelling "Critic & Guide" is a full equivalent for the money received, and, while grateful for the patronage, I consider myself under no obligations whatsoever to any advertiser.

The "Critic & Guide" is a free lance, a free agent in the true and noble sense of the word. Don Quixotic it may be occasionally, but it has never worn and never will wear a collar. I received many tempting offers to sell the little journal, but I always answered: Nay, nay!—The "Critic & Guide" is my child, and mine alone. I am responsible for all its sweetness and all its bitterness, for all its wisdom and all its foolishness, for all its nobleness and all its crankiness, for all its qualities and all its faults. I have long felt the necessity of having a personal organ, an organ in which I could say just WHAT I wanted and THE WAY I wanted.

The only relation that I personally ever had with any manufacturing house is my editorship of Merck's Archives. It is perfectly true that for the last four years I have been editor of that journal, but I appeal to the medical profession to examine that journal and see whether a Merck product or any other proprietary was ever puffed in a single editorial, and I

appeal further to examine the eighteen issues of the "Critic & Guide" and see whether there is a single editorial or original article on a Merck product. As a matter of fact, those who knew of my relations to Merck & Co. complimented me repeatedly on my ability to keep the journal free from any influence whatsoever. And why shouldn't I? Those who know me, know my make-up, and they know that the "Critic & Guide" is a thing distinct and separate, and is not a whetstone for the grinding of anybody's axes.

To conclude. The whole truth of the matter put in a nutshell is this: I have hurt the fakirs and I have hurt them badly. They cannot dispute my arguments, they cannot controvert my analyses, they cannot attack my private and professional life—all that is left for them to do is to attack my motives and to spread rumors that some houses are supporting my journal. That's all that is left for them to do—and they are doing it. But—the truth is bound to come out.

P. S. Am I angry at the fakirs and nostrum-venders? Not a bit. I am waging a relentless and effective war against them, and they would be supernatural if they did not try to retaliate. And as they think that all is fair in war, they do not stop before such a little thing as a calumny and a lie. Any weapon at all, so as to undermine the ceaselessly growing influence of the "Critic & Guide." Fortunately, however, I know how to defend myself.

ENEMIES.

You expect to make enemies. He who has never made any enemies has never done anything. In attacking frauds, in exposing humbugs you are bound to make bitter enemies, who will stop at nothing to injure you in retaliation. This is perfectly natural, and, being natural, you expect it. In fact, you are often proud of the enemies you have made And if you are really honest and sincere in your work, you have no difficulty in repelling any open attacks. There is, however, one weapon which your unscrupulous enemies possess and against which you are powerless: That is, the secret, whispered insinuation by which they try to poison the minds of honest people, who do not know you intimately and for whose opinions you do care. This is very painful, but what can you do? Having chosen a course which we consider right, we must pursue it, taking things as they come. Martyrdom is of various kinds.

Somebody said to somebody else that if I were again appointed on the Committee on Proprietary Remedies, some advertisers would be awful mad and would withdraw their advertisements from the "Journal of the American Medical Association." Let them! Who is it that will get mad? The fakir,

the fraudulent manufacturer only. The honest high class manufacturer is not afraid of my being on any Committee. They know that my work means honesty of purpose, fairness and competence in execution. Again I say: Let the frauds withdraw. The "Journal" will be better off without them. It is time to clean up the Augean stables.

Another thing they said at Atlantic City was that I hit friend and foe alike. This was said by way of disparagement, but could there be a greater compliment? Is there anything finer than having for one's motto: Amicus Plato, Amicus Socrates, magis amica veritas?

HITTING TOO HARD.

They were telling me at Atlantic City that I was doing very good work, but that I hit too hard. Well, that seems to be the most effective way. You see that in one year the "Critic & Guide" has actually achieved more in "stirring" up the nostrum business, in throwing out objectionable advertisements, in purifying medical journalism, in creating universal discussion, etc., etc., than all the previous work of all other journals taken together. You will achieve nothing by beating about the bush. You must call a spade a spade, you must call things by their names, if you want to achieve something. You could talk from now until doomsday about the "fraudulent nostrums," about "corrupt journals," but if you mention no names the "fraudulent nostrums" and "corrupt journals" will go on flourishing as ever with an insouciance, which is perfectly charming. "The public does not know who or what is referred to, so we will keep quiet." But when you call things by their right names, then you compel a reply. The sponsors of the bad things must defend themselves—or get good. I repeat, to achieve results you must hit straight and hard.

And then you see, I can't help it. I am so young and have such an excess of effervescent, bubbling vitality. Wait, perhaps when I get a little older and a little wiser, I will become more moderate. I will only hint at things, will cut out all adjectives, will speak in mystically ambiguous language, will disguise my thoughts almost beyond comprehension, will use a pleximeter instead of a sledge hammer, and will become thoroly "respectable." And perhaps also thoroly useless.

HITTING TOO MANY.

This was another song that I had to listen to in Atlantic City. I hit too many people and therefore make too many enemies. Now, wouldn't that jar you? If things deserve to be hit, why shouldn't they? Wouldn't it be eminently unfair to

limit one's self to one or two things when there are hundreds equally as bad? It is easy to attack one or two things, get the reputation of reformer, and at the same time keep your advertising pages open for a hundred other things equally bad, but that would be too cheap a price. I am not a cheap man. I have been in the reforming business oh, ever so long, and have always paid dearly for the reforming spirit, and expect to do so in the future.

NOTES ON THE ATLANTIC CITY CONVENTION.

When I came to Atlantic City I found the fakirs and their agents in full force trying to do their utmost to weaken my work and undermine my influence. Circulars denouncing me were scattered about in the various meeting places. Here is a sample of one; with the other, that of Dr. Summers, I deal elsewhere in this issue.

Judging by the programme for the section on Materia Medica, Pharmacy and Therapeutics at Atlantic City, there is a Senegambian in the wood-pile. Therefore the Ethical Wiseacres of the Association will have to be wide-awake, or this section will be used by the shrewd and slick advertisers of "Goo Goo" foreign unpronouncable synthetics to a surprising extent. One who is listed to read two papers, has in his own publication practically advocated substitution by druggists and is generally supposed to be interested commercially with the manufacturers whose wares he puffs so vigorously. The American Medical Association has a dignity to maintain and should not allow a blatant ignorant pomposity to push itself into their councils and divert the valuable purposes of the section on Materia Medica into a medium for self-advertising, the display of Chemical or Pharmaceutical ignorance, questionable favoritism, or the splenetic vagaries of a self-constituted "Critic and Guide." Let there be censorship of the articles read at this section, so that its purposes may not be diverted.

There are Chemical Cranks who are "Know it alls." They conclude that some manufacturer is gaining too much popularity, and disregarding the real virtue of his remedy, proceed to "analyze" it, with the deliberate purpose of betraying the confidence of the medical profession and incidentally gaining reputation as wise chemists. Woe betide the owner of a proprietary preparation, if one of these "Chemical Cranks" gets after him; he sticks at nothing; often being financially irresponsible and having access to the medical and pharmaceutical press, he will analyze (?) and damn the most valuable drug known to the medical profession. These "Wise Guys" most affect a foreign attitude. A drug "made in Germany" or anywhere, except in their own country, is like Cæsar's wife, and being above suspicion of commercialism, its formula is immediately enshrouded with the hieroglyphics of chemical nomenclature so cunningly devised that the average well-read physician is lost in wonder that nature's alembic could produce an alchemic brain capable of evolving such a wonderful "synthetic" result.

I read the above circular in open meeting as a preface to my paper "The Relation of the Physician to Proprietary Remedies," and it excited a good many smiles. I do not think that that circular did the phenalgin people any more good than did their circular: "The Trail of the Pharisee."

* * *

The Atlantic City meeting was, as we expected, a record breaker—2,700 physicians having registered within the first three days. We fear that next year's meeting at Portland, Oregon, will also prove a record breaker—the other way. We fear that it will have the smallest attendance of any meeting within the last ten years—may our fears prove groundless.

* * *

The sessions of the section of Materia Medica, Pharmacy and Therapeutics were exceedingly well attended and the discussions were lively, interesting and instructive. At several of the meetings the large hall we had at Young's Hotel was filled to overflowing. Dr. Osborne, the chairman of the section, is to be congratulated upon the excellence of the program and upon his executive ability. The vote of thanks which the section voted him unanimously at the close of the session was well deserved. Altogether this section with which I have the honor to be affiliated, has made wonderful progress of late years, both in general tone, and in the quality of the papers.

* * *

The symposia are an excellent feature, tho they have one disadvantage: when some of the readers fail to appear, the unity and completeness of the symposia is broken.

* * *

Officers of the Section of Materia Medica, Pharmacy and Therapeutics:

Chairman, Heinrich Stern, New York.
Vice-Chairman, William J. Robinson, New York.
Secretary, C. S. N. Hallberg, Chicago.
Delegate, John W. Foss, Phoenix, Arizona.

AMERICAN MEDICAL EDITORS' ASSOCIATION.

I was elected a member of the above Association at the last annual meeting held at Atlantic City. The honor is not a particularly great one—not yet—but I joined it for the purpose of trying to elevate and "reform" it. A curious thing happened there. A resolution was introduced (which I seconded) that it is the sense of the Association that it is derogatory to the best interests of journalism to print disguised reading notices in the reading pages. And what do you think? After some active discussion, the resolution was voted down. We are, therefore, to assume that it is the sense of the American Medical Editors' Association that it is **not** derogatory to print reading notices in the reading pages.

OVOFERRIN AGAIN.

Some of my friends—Dr. H. C. Wood, Jr, among them—thought that I made a mistake in exposing ovoferrin, when there are so many worse fakes. Cheerfully granted, that there are much worse fakes than ovoferrin. But will my good friends kindly consider, that I cannot know *a priori* whether a product is a big humbug, or a little one? How am I to know, before a thoro examination, whether an article is worth bothering with or not? The history of the first ovoferrin editorial (C. & G., March) is as follows: I was carefully reading the pamphlet sent out by the manufacturers. There I came across the statement that ovoferrin "attracted much attention in the scientific circles in Europe". That I *knew* was a whopper, because, tho thoroly familiar with European medical literature, I had not come across a single article on ovoferrin. Seeing one whopper, it was not unnatural to expect many other misstatements. I tested for the reaction. They said the reaction was neutral, I found it acid, and said so. Then they said that ovoferrin was absolutely unchanged by hydrochloric acid. I showed that it was decomposed by hydrochloric acid. There was a very great discrepancy between the amount of iron as given in their chemical formula, and the amount of iron as stated "per tablespoonful". I called attention to that fact. Than last, I was not very much impressed with the "literature" on ovoferrin and said so. That's all. Is this such a violent attack? Had the manufacturers come out with a dignified reply, that would have been the end of it. But they saw fit to come out with a scurrilous letter, attacking my motives and of course I had to defend myself. And the May editorial was merely a reply to their circular.

I am glad to see that in their latest pamphlet "Worthy of Attention" the manufacturers changed some of the statements to which I called attention. The statement that ovoferrin has attracted much attention in Europe is now conspicuous by its absence.

THE THERMOL FAKE ONCE MORE, AND, LET US HOPE, FOR THE LAST TIME.

It seems a pity to waste so much valuable space on an insignificant product like thermol, but where a principle is at stake, there is no such thing as too much space. If I had to devote an entire issue to the exposure of a humbug, I would do so unhesitatingly.

Never before was the saying *quem deus vult perdere prius dementat* better illustrated than in the case of Dr. Summers of the Liberty, now the Organic Chemical Company. If Dr. Summers had his senses about him, he would not have rushed into print in defence of his thermol, a product about which the less said the better.

I will repeat unequivocally that thermol is a fake, as far as being a new compound is concerned; it is nothing more nor less hat impure, or crude, phenacetin. I will prove these statements

to my readers beyond the possibillity of cavil or contradiction. To do this, I must give the readers a bit of history.

In March 1903, I printed in the CRITIC & GUIDE an editorial in which I exposed the false claims made for thermol and stated that it was nothing but impure acetphenetidin. I did not mince words at all. I called the thing a downright humbug and characterized as "downright dishonesty the attempt to befog the physician's minds by making him believe he is prescribing something new, when as a matter of fact he has been prescribing the same drug for many years under another name." Dr. Summers' attention was called to that editorial. An oppoturnity was given him to disprove my statements, or at least to contradict them. He did nothing of the sort--but remained silent. Last October i. e. seven months later, I received a personal letter from Dr. C. F. Taylor, editor of the Medical World, in which among other things, he mentioned that he saw Dr. Summers a day or two previous and that the latter expressed indignation at my editorial (or course!), questioning both the motives and correctness of my statements. I wrote back offering Dr. Summers *unlimited space* in the CRITIC & GUIDE for a presentation of his case. No advantage was taken of the offer. I then offered to appoint a commission of two or three chemists to have them analyze thermol, agreeing to abide by their decision and to give the widest publicity to their findings. This offer was not taken advantage of either, even in spite of the fact that in case of "losing" I agreed to pay the entire expense of the investigation! Finally, after a long correspondence, in which the other side was all the time edging and trying to avoid the real issue, Dr. Summers came to my office to see me. He explained me the "hard road which his company had to travel, the hard luck they had right along", etc., etc. This of course had nothing to do with the composition of thermol, but it was meant to work on my feelings, so as to leave the company alone. At that interview Dr. Summers promised to send me a statement from Prof. Sadtler as to the process of manufacture and the composition of thermol. I agreed to abide by, or at any rate to take that statement into consideration. That was December 17th. Dr. Summers promised to send that statement within 2 or 3 days. Six months have passed and that statement has not arrived yet. What do the readers think of this? And by-the-way, when I offered to select chemists for analysis, I permitted Dr. Summers to have Prof. Sadtler, their own former consulting chemist, as one of the analysts. And Dr. Summers did not accept. I let the readers draw their own conclusions. (Dr. S. now denies that he promised to send me Dr. Sadtler's certificate, but here he merely *prevaricates*.)

In the Journal of the A. M. A. of April the 16th there appeared my article which made a *furor* and which hurt the fakirs so much, entitled: The Composition of some So-called Synthetics

and "Ethical" Nostrums. Dr. S. felt aggrieved and a letter from him appeared in the J. A. M. A. for April 30th. I answered the same day, but conservative Dr. Simmons would not print it in its original form, and after an exchange of several communications, my letter appeared in an amputated and emasculated form in the *Journal* for May 28th. As an answer to this communication, Dr. S. wrote a *circular*, which I found the fakirs distributing assiduously during the meeting of the A. M. A. in Atlantic City, and to this *circular* I will now devote my attention.

You say in that circular, Dr. Summers: "We never advertised that thermol, or any other product sold by us, was made under any letters patent." But that's exactly what you have been banking on. In every communication you laid stress upon the fact that the government granted you a patent on acet-salicyl-phenetidin. And the first question that anybody would ask would be: If thermol is simply a *fake*, how did Dr. Summers get a patent on it? Did he fool the Government chemists? And to this I knew no positive answer, until I tested thermol and found that it was an entirely different substance from the acet-salicyl-phenetidin, on which a patent was obtained. The truth of the matter is this: Dr. Summers is unable to make a product on a commercial scale, similar to the product on which he obtained a patent. He either misrepresented his patent specifications or the process is too costly, He therefore palms off on the profession impure acet-phenetidin. sometimes with and sometimes without salicylic acid.

Dr. Summers says: It is not customray to make reference to trade names in applying for Letters Patent on scientific products.

Oh fake! It is true that it is not customary to make reference to trade names in applying for a patent, but after obtaining a patent every manufacturer states the fact on the labels of his product: manufactured under letters patent No. so and so. On your thermol boxes, there is no hint that the product is manufactured under any patent, because any such statement *would be fraudulent*, and render you liable. And the reason that you can not get a patent on thermol is because the product is not *patentable*. And I am glad I compelled you to make the admission. You say: The Government has allowed me three different patents on the chemical combination of acetic and salicylic acid with phenetidin. I challenge you to state squarely and plainly under which one of these patents thermol is manufactured! I ask any man with a grain of common sense to ask himself this question: If Dr. Summers obtained 3 patents on acet-salicyl-phenetidin, and if thermol is as he claims, acet-salicyl-phenetidin, why does it not correspond to any of the substances on which he claims to have obtained a patent, and why doesn't he state under what letters patent his product is manufactured?

In conclusion, I will summarize my exposé of your product thermol in the form of a few questions, which I will ask you to answer, if you can:

1. Why were you unwilling to submit the analysis of thermol to three competent chemists and to abide by their decision?

2. Why were you unwilling to submit to an analysis, when I agreed that one of the chemists should be Prof. Sadtler, your former consulting chemist?

3. Why are you unable to obtain a certificate from Prof. Sadtler at the present time, certifying to the process of manufacture and the composition of thermol?

4. Why were you unwilling to swear that the thermol of the present day is the same as it was two years ago?

5. Why did you try to give the impression that you obtained a patent on thermol, when you did not?

6. If thermol is acet-salicyl-phenetidin, why does that latter substance, according to your own claim, melt at 92°C, while thermol melts between 128 and 134° C?

7. Why do the various samples of thermol differ in color, crystalline, structure, etc?

8. Why, if you considered yourself aggrieved, did you not come out with a plain statement of facts, certified by some chemists of high reputation, when I promised to print every retraction?

9. Is it honest to attempt to blacken an honorable man's character, merely because he had the courage to follow the dictates of his duty and expose some of your products?

I have not said anything about the clinical dangers of using thermol. What I deal with principally in my exposés of the nostrums is their composition and their fraudulent formulæ. But it would seem à priori that being an *impure* acet-phenetidin, the drug must possess dangerous depressing properties. And Dr. S. Solis Cohen's recent warning against the use of thermol, at the last meeting of the A. M. A. (in the symposium on pneumonia), should certainly be heeded.

Now in conclusion. Dr. Summers, whether you believ it or not, I am sincerely sorry that I had to haul you over the coals the way I did. You represent too small a concern and I prefer to save my ammunition for the big fellows. But I had to make an example of you. I do not mind criticism, I can stand attacks, but I *must* and *shall* put a stop to misrepresentation of my motives, to lies and calumnies. I must show the fakirs that they cannot attack an honest and disinterested man, who is making great personal sacrifices in order to prosecute his chosen work, with impunity.

* * * *

I shall teach the nostrum-venders that when I expose one of their products, only one of two courses is left to them: (1) Either to come out with *facts*, show that I was wrong and then I will apologize and print a retraction, or (2) to keep quiet. To attempt to do underhand work, to sling mud, to misrepresent my motives, etc., I shall not permit. I shall take up the gauntlet every time and

when I get thru, my unfair opponents will be very much the worse for the encounter. If there is any thing I am a master in, it is in pushing an argument to a logical conclusion.

* * *

As Truth is bound to triumph over falsehood, so I am certain that, dressed in the Armor of Righteousness, I shall throw confusion into the ranks or my enemies, and shall ultimately conquer them.

THE A. M. A. AND THE RANK AND FILE.

To whom it may concern: I beg to assure some of my esteemed friends, leaders in the A. M. A., that I know the pulse of the rank and file better than they do. I am in constant touch and correspondence with the rank and file and I know the general feeling. Many of them refuse to join the A. M. A. or any other medical association from a vague idea that everything is cut and dried, that everything is run by a few "medical politicians." Our Association has a very nice membership (15,000 is a respectable figure), but let us not forget that that is only about 11 per cent. of the entire number of physicians in this country (we have 143,000 now). And if we do want to get in the rank and file, it must be our policy in the future to be more democratic, and to show the profession that the Association is not for the few, but for the many. And it is with this object in view that I felt obliged to act the way I did on two or three occasions during the sessions of our section.

DECENCY WINS—AND A PROPHECY.

THE CRITIC & GUIDE not only says things, but it *does* things. The Editor's agitation for the separation of the Board of Pharmacy from college influence has borne fruit. In New York City, the independent candidate was elected over tremendous oddst and in Brooklyn, the change of sentiment was shown by the fac, that the independent candidates polled 115 votes against the Col lege Candidate who polled 96 votes. Unfortunately, there were two independent candidates in the field, and the college candidate was elected. But what a difference from last election, when Mr. Muir was elected practically unanimously!

Now the Editor ventures to make a prediction. He would advise all those interested to cut out this prediction and paste it in ther hats. The prediction is this: *Never again will a College member—teacher or trustee—be elected to the Board of Pharmacy in the Eastern Section of New York State!*

THE CRITIC & GUIDE will simply not permit it. Not only has it influence enuf to defeat any obnoxious candidate—being read as it is by practically every pharmacist in Greater New York—but it would start such an unceasing, relentless agitation, that it would make every "suspicious" candidate both ashamed and unwilling to run.

ORIGINAL COMMUNICATIONS

[Written for the CRITIC & GUIDE.]

ARE NEURASTHENICS EVER SUCCESSFUL IN PROFESSIONAL LIEE?

By William Lee Howard, M.D., Baltimore, Md.

Is the individual born with an unstable nervous organization able to apply himself constantly and effectively to one subject throughout his active period of life? I am referring to vocations which require continuous mental application and psychic energy; such as medicine and literature. It would seem here that Nature fully demonstrated the law of the survival of the fittest. The sad human wrecks passed as we rush along life's highway should give us an insight to the inability of the neurasthenic to struggle successfully with the Sturm and Drang of this moving world.

Mentally bright at school and college, the unfortunate victim of a past exhausted nervous organization goes into medicine as a profession. Not realizing that he lacks sufficient nerve stability for continuous work, this neurotic soon becomes despondent, introspective and wavering in determination. He needs rest, but fears to drop out of line, so he resorts to stimulants and for a while seems to hold his own. But this is a masked energy, and soon requires constant stimulation. Finally, fearing the discovery of the alcohol habit, the neurasthenic commences to take occasionally a small quantity of morphine, and this is the beginning of the end.

These unfortunate cases are familiar to us all, and the march of progress is strewn with the flotsam and jetsam of those, who, from no lack of training or ability, from no inherent vices or want of ambition, have been unable to withstand the constant demand upon a small nervous capital, and hence become psychic bankrupts. The end is moral palsy and physical decay.

TREATMENT OF ERYSIPELAS.

In your May number Dr. Herzfeld contributes an article on Erysipelas which does not seem very satisfactory to me. It is possible that my experience has been peculiarly fortunate, but as the treatment I will describe is not original and all physicians who have used it speak well of it, there seems to be more than good fortune in the universal success which follows its use.

For external application, pure carbolic acid is applied with a mop or swab over the entire surface involved and allowed to remain until the white char characteristic of the acid appears.

when the action is stopped by sopping the surface with absolute alcohol. Be thorough, don't hurry, but be sure to cover the entire surface involved with the acid application and have a dish with the alcohol and moistened swab ready to check action when complete.

One application is usually sufficient and aborts the local manifestations in about eight hours. For general medication we have as near specifics as it seems possible to have when a distinction is made between what Waugh calls sthenic and asthenic cases. When the temperature is elevated, headache, delirium, strong pulse and red eruption, Pilocarpine 1-6 gr every hour, or even half hour, till sweating, then less frequently to sustain this condition until eruption fades. When eruption is pale, low vitality, etc., Tinct. Chloride of Iron, gtt xv to xxx, every three hours is the dominant remedy.

I do not mean that only these medicaments need be used, for the general condition must be treated, but I feel sure that anyone having given this outline a fair test will approach the next case with more confidence than any other line of treatment will inspire.

Yours truly,

W. S. FOWLER, M. D.

Bakersfield, Calif.

I have just finished reading the article on Erysipelas by Dr. Herzfeld in the May number of the "Critic & Guide." It is all right and instructive, but the Doctor gives us nothing new and does not mention ichthyol which seems to be a fairly good remedy. Those surface applications always seemed to me to be too superficial and of doubtful benefit and led me to try subcutaneous injections where feasible. I use a one-per-cent. solution of carbolic acid. In the few cases where I have tried this method, the erysipelas was aborted. I will give the first case and how I came to try this mode of treatment. Mr. Logus, a fireman, was injured on the instep. The wound was a punctured one. He was treated or mistreated by the department doctor for about a week when I was sent for. I found him suffering from erysipelas of the foot. I swathed the foot in absorbent cotton saturated with one per cent. of carbolic acid and covered this over with gutta percha tissue. The next day the foot was better but the disease was half way on to the knee. I followed with my applications, but it kept marching on. In a few days, the erysipelatous inflammation had reached the upper part of the thigh and I was face to face with an invasion of the body. As I grew desperate, for the temperature was high, I decided at once to try an experiment. I took my hypodermic syringe, filled it with the solution (one per cent. carbolic acid) I was using on the leg, made half a dozen subcutaneous injections a short distance apart

right around the thigh on the line of inflammation, injecting about a drachm at each point of injection. That was the end of the erysipelas. Next day the patient was well.

Whether this mode of treatment has ever been tried by anybody else I do not know. I have certainly not seen it published. Would like to hear your views on the subject, and whether some other solution would not be better and safer than carbolic acid.

New York City. S. G. KERR, M. D.

A PLEA FOR THE ORGANIZATION OF A "SOCIETY OF SANITARY AND MORAL PROPHYLAXIS."

By Prince A. Morrow, M.D., of New York;

Emeritus Professor of Genito-Urinary Diseases in the University and Bellevue Hospital Medical College.

It is proposed to form in this country a "Society of Sanitary and Moral Prophylaxis," the object of which is the study of the means of every order—sanitary, moral and legislative—(the legalization of prostitution excepted) which promise to be most effective in preventing or diminishing the spread of diseases which have their origin in the Social evil. This Society is to be composed of medical men, representatives of the clergy, of the law—public educators, sociologists and public-spirited men generally—similar to societies which have been organized in various cities and countries of Europe.

At first glance it might appear that the prophylaxis of these diseases, as of other infectious diseases, dangerous to the public health, lies exclusively within the province of the medical profession. But experience has shown that this class of diseases cannot be dealt with as a purely sanitary problem, they are not susceptible to the application of the sanitary methods ordinarily employed against contagious diseases. Sanitary science must take cognizance of the cause of disease and especially of the means by which it is spread. The cause of these diseases resides in social conditions which the sanitarian cannot control and their communicative mode cannot be reached by the strong arm of repression.

In their essential nature they are not merely diseases of the human body, but diseases of the social organism. The problem of their prevention or control involves not only questions of hygiene, but questions affecting the most intimate relations of our social life. This problem is most difficult and delicate and requires for its solution not only a thorough knowledge of existing evil conditions, but a largeness of ideas and a breadth of view which is not possible to those who look at it from the sanitary side alone. To correct these evil conditions there should be a union of all the social forces which work for good in the community.

The Need of Such a Society.

That there is a need, and a most urgent need, for such an organization is abundantly evident from a consideration of the following facts:

It is now generally recognized that the class of diseases comprehended under the general term "venereal," together with alcohol and tuberculosis, constitute the three great modern plagues which afflict humanity. Tuberculosis has been subjected to sanitary control, leagues have been formed against alcohol, and legislative aid has been sought through high-license and other restrictive measures to limit its evil influence, but the venereal plague is practically ignored and, in this country at least, its ravages are unchecked and apparently unnoticed.

The Magnitude of the Venereal Peril.

The significance of syphilis as a social danger has long been appreciated by the medical profession. Years ago Prof. Gross declared that "a greater scourge than yellow fever, and cholera and smallpox combined is quietly installed in our midst, sapping the foundations of society, poisoning the sources of life, rendering existence miserable, and deteriorating the whole human family." According to Sir Thomas Watson, "it counts its victims not only in the ranks of the vicious and self-indulgent, but among virtuous women and innocent children by hundreds and thousands." When this was written, less than a generation ago, it was not known, even by the medical profession, that under the guise of what was considered a simple local disease of the urethra there lurked an infection which, in respect to the character and sum total of its dangers, is a greater curse to the human family than syphilis. Modern society has shown us that gonorrhea, which is regarded by the bearer as of no more significance than a common cold, which is treated as a joke or with the contempt of ignorance, is the greatest social pest of the age.

Extensive Prevalence.

Since these diseases are not subject to official registration the amount of venereal morbidity in this country does not admit of mathematical expression. In Europe it has been estimated by a distinguished authority that fully 75 per cent. of the adult male population contract gonorrhea, and that from 10 to 15 per cent. have syphilis. Assuming that we are a more virtuous people than those of Europe, it would be a most conservative estimate to say that the morbidity from both these diseases would represent 60 per cent. of the adult male population. Venereal morbidity is larger in urban than in rural populations, but everywhere its incidence falls most heavily *upon* the young.

It is a fact worthy of consideration that every year in this country 770,000 males reach the age of early maturity—that is, they approach the danger zone of initial debauch. It may be affirmed that under existing conditions at least 60 per cent., or over 450,000, of these young men will become infected with venereal disease—infallibly infected—if the experience of the past is to be accepted as a correct criterion of the future. Twenty per cent. of these young men will become infected before their twenty-first year, over 60 per cent. before their twenty-fifth year, and more than 80 per cent. before they pass their thirtieth year. This computation is not based upon loose conjecture, but upon carefully compiled statistical evidence. No allowance need be made for the incidence of mortality, since this is more than compensated for by the influx of young immigrants. The census of 1900 gives over 787,000 males thirty years of age.

These 450,000 infections, be it understood, represent the venereal morbidity incident to the male product of a single year; each succeeding group of males who pass the sixteenth year furnishes its quota of victims, so that the total morbidity from this constantly cumulative growth forms an immense aggregate.

The pathological importance of these diseases is to be measured not only by their effects upon the individual, but upon the family and the race.

Effects Upon the Individual.

The large proportion of individuals infected by venereal disease get well, some of them die, many of them suffer for years or during their entire life from its consequences.

Syphilis is a far more serious disease than was formerly supposed. Every year adds to our knowledge of the number, variety, and gravity of its far-reaching complications and especially its morbid determinations to the internal organs most essential to life. Many affections of the brain, the cord, the liver, the heart, and the arterial system have their origin in syphilis. Of all the internal organs the brain is the most frequently affected by syphilis, and paresis is the most common termination. While syphilis, in the adult, is not a frequent cause of immediate death, the changes set up in certain organs or systems of organs are often the essential cause of death at a more or less remote period. Syphilis kills people to-day as it did in the 16th century.

Gonorrhea is an infection which, in addition to its local inflammatory complications, which often render the individual sterile, is capable of causing constitutional complications of a serious or even fatal character—such as deforming and incurable inflammations of the joints, pericarditis, meningitis, peri-

tonitis, etc. The undeniable and scientifically demonstrated danger of gonorrhea is especially manifest in its serious effects upon the pelvic organs of women. It is the most common cause of inflammatory affections peculiar to women, which ruin her health, extinguish her conceptional capacity, and condemn her to a life-long invalidism or the sacrifice of her reproductive organs to save her life.

The chief significance of these diseases as a social danger arises from the fact that they specifically affect the organs of generation—they damage or destroy the functions through which life is perpetuated, and thus defeat the social aim of marriage.

Effects Upon the Family.

Pinard found that in 10,000 consecutive cases of miscarriages or abortions, 42 per cent. were caused by syphilis; the remaining 58 per cent. due to all other causes combined, artificial or otherwise. The destructive effect of syphilis upon the offspring is still further manifest in children stillborn at full term or who die shortly after birth. The mortality from hereditary syphilis ranges from 60 to 86 per cent., while those who survive are affected with various organic defects and degenerative changes which unfit them for the battle of life. If they reach maturity and marry they may transmit to their descendants—the third generation,—the same class of organic defects which they have inherited.

It has been computed that at the very lowest estimate, hereditary syphilis kills every year in France alone, 20,000 children, which represents 7½ per cent. of the mortality from all causes combined. It may be said that it is better that these children should die than survive as a race of inferior beings; it is to be remembered, however, that but for the fact of syphilis in the parents these children might have been born in conditions of vitality and physical vigor.

Gonorrhea is an even more potent factor of depopulation than syphilis, from its greater prevalence and more frequent introduction into married life and its inhibitory influence upon the conceptional capacity. It is computed that 50 per cent. of gonorrheal women are absolutely sterile, and that gonorrheally infected men are responsible for 20 per cent. of sterile marriages, when the sterility is not of choice, but of incapacity.

While gonorrhea is insusceptible of hereditary transmission, the child born of an infected mother is exposed to inoculation of the eyes with the virus resulting in the terrible affiiction of blindness. Eighty per cent. of the blindness of the newborn is caused by gonorrhea, while it is computed that from 20 to 30 per cent. of blindness from all causes is due to gonorrhea.

Frequency of Marital Contamination.

The amount of venereal morbidity in married life is an unknown and unknowable quantity. Thousands of married women are infected without knowing or even suspecting the name or nature of the disease. The insidious character of the infection, especially of gonorrhea, favors dissimulation, and when known, every motive—pride, self-respect, shame—prompts to its concealment. It may be a startling statement, but nevertheless true, that there is nore venereal infection among virtuous wives than among professional prostitutes in this country. Noeggerath stated that of every thousand men married in New York 800 had latent gonorrhea from which their wives became infected. Admit that this is an exaggeration—a gross exaggeration, even—say 8 per cent. instead of 80 per cent.; of the 16,000,000 married women in this country 8 per cent. would give over one and a quarter million infected from gonorrhea alone.

Unfortunately, the diseases of vice when transplanted to the bed of virtue develop their worst effects. The function of marriage is to create life, and in fulfilling this function the individual danger of the disease, especially of gonorrhea, is greatly accentuated. Pregnancy often transforms a latent and hitherto inoffensive gonorrhea into an intensely virulent infection, and the process of parturition opens the way to its upward ascension to a vital organ—the peritoneum—with results dangerous to life.

We are accustomed to recommend marriage to young men as the surest preservative against venereal infection. Can we with a clear conscience recommend to young women marriage with men who have led dissipated lives? Surely there is something rotten in a social system which places no restriction upon that individual liberty which permits men to poison their wives with venereal disease—which throws no sanitary safeguards around that relation which society has instituted for its own perpetuation. Certainly there can be no severer arraignment of that false system of education which directly fosters, and even renders compulsory, the ignorance which is largely responsible for these social crimes.

It cannot be gainsaid that the vast majority of infections in married life are effected through ignorance—the opinion of all physicians who have had much to do with this class of cases is concurrent upon this point. The average man is not a criminal—he does not wreck the life and health of his wife and children knowingly and wilfully. In most cases he does it through ignorance of the nature and terrible consequences of his disease—ignorance of the prolonged duration of its contagious activity and, especially, ignorance of the fact that it is often infectious after apparent cure.

Remedial Measures.

The cardinal principles of prophylaxis are, (1) To preserve the healthy from infection; (2) To prevent those already infected from infecting others.

It is the consensus of opinion among those who have studied this subject that a general diffusion of knowledge respecting the dangers, individual and social, of venereal diseases, their modes of communication, direct and indirect, would constitute the most efficient means of prophylaxis. This knowledge would be of inestimable benefit to the young in preventing ignorant and reckless exposure to dangers which many of them do not even know exist. Of the 4,000,000 or more males in this country, between the ages of sixteen and twenty-one years, how many have received even the most elementary instruction in the physiology of the organs of generation? These young men are launched into the world without any knowledge of the hygiene of the sexual function or the dangers which attend its irregular exercise. They have been taught nothing of the diseases which are almost inseparable from commerce with bad women, or of the serious consequences to their health which those diseases may entail. It is believed by medical men who are most competent to judge these questions that ignorance is responsible for a large proportion of infections among the young, and that education would preserve thousands from exposure.

To whom this education should be addressed—what should be its scope or extent, and how, or through what agencies, it should be imparted—are subjects for consideration by the proposed Society. As regards the latter point, it might be assumed that this enlightenment should come through the agency of the medical profession. But the physician's opportunities for this educational work are comparatively restricted. He rarely comes in contact with the young man except in his capacity as a patient, after the harm is already done. So far as concerns the vast army of the working class and the poor who are treated by public charity, he practically never sees them except in the crowded classes of the dispensaries. The mode of this education cannot be individual, it must be collective and conveyed through means of lectures, conferences, tracts, or circulars. The physician cannot organize popular lectures; he may write papers exposing the dangers of venereal diseases, but they never reach the general public.

The proposed Society should be a centre for the diffusion of this enlightenment; it should be an influential force in effecting a reform in an educational system which now neglects all instruction in the hygiene of one of the most important functions of the body; it should propagate the idea that this

hygienic education forms the most essential part of the training of the morals of young men.

Whatever may be the value of education as a preservative against exposure to infection, it will certainly constitute a valuable prophylactic measure against the introduction of these infections into marriage. Medical men now look upon certain marriages as moral crimes. When the plea of ignorance can no longer be invoked to shield those who carry disease and death into their families they should be declared legal crimes, involving not only civil but penal responsibility.

In fulfilling the second indication, the most valuable prophylactic measure is the prompt sterilization of sources of contagion by efficient treatment. The object is to cure as many as possible of those infected in order to sterilize the greatest number of foci. To accomplish this object the treatment should be gratuitous and available to all—not so much in the interest of the individual as in the interest of others he might expose to infection. Without entering fully into this subject, it may be said that the provisions for the treatment of this class of sufferers are notoriously inadequate, restrictive, and not adapted to the nature of the disease. Venereal patients are debarred entrance into our general hospitals, and discriminated against in various ways.

One or two gross abuses growing out of the insufficient hospital accommodations in this city may be briefly referred to. Of the thousands of respectable married women in this city infected with syphilis by their husbands some require hospital care; they can be received only in the female venereal ward of the City Hospital; they are compelled to inhabit the same room, sleep in beds side by side with the lowest and most abandoned prostitutes. It sometimes happens that a young girl who has taken only the first step in the downward path, and who, in being robbed of her virtue has lost her health, is compelled to go to the hospital; she is subjected to the close companionship and demoralizing influence of women old in vice, who are adepts in the arts of proxenetism. This is not the worst; young girls under fifteen years of age who come under the care of the "Society for the Prevention of Cruelty to Children," when found diseased, usually from criminal assault, are placed in this same ward and detained until they are pronounced cured. A female venereal ward has been termed "un bouillon de culture pour la prostitution." This society is not to blame for this practical perversion of the object for which it was founded, since the city affords absolutely no other provision for the treatment of these cases.

There are many social conditions which favor the spread of these diseases—many of them requiring for their correction the intervention of the Administrative authorities, which

would properly come within the scope of the Society's work. They are many-sided questions, and require many-sided minds to deal with them wisely and effectively.

Attitude of Society.

In the presence of this peril which so seriously menaces the public health and is fraught with such momentous consequences to the family and the race, the social forces are apathetic and inactive. Society does not seek to deliver itself from this evil, its only preoccupation is to cover up and conceal, to shut its eyes to its existence. From the mistaken idea that these diseases are always contracted through voluntary exposure and bear the stamp of immorality, their victims are without the pale of public sympathy or public protection. The public does not know that the immense majority of infections occur in the young, the inexperienced, and the irresponsible through ignorance and lack of moral training; it has no conception of the number of innocent women and children who are infected in the marriage relation.

It will be seen, then, that the diseases which it is the object of this association to prevent are pre-eminently Social Diseases —they affect the dearest interests of society, they enter into the most sacred relations of human life, they seriously menace the welfare of the family and the future of the race, they constitute a social danger of the greatest magnitude. They are diseases from which society suffers, and yet society views them with indifference, while the medical profession regards them with the deepest concern, and seeks to limit their spread. But the medical profession recognizes its inability to cope successfully with conditions which lie entirely without the sphere of sanitary influence or control.

We ask members of the laity—whose position in the community commands respect, whose opinions carry weight, who can influence public sentiment, institute educational reforms and secure needed legislation—to co-operate with the medical profession in forming a league against this Social Peril. This movement, which has for its chief objects the preservation of the youth of this country from ignorant exposure to infection and the safeguarding of marriage from the desecration of loathsome and dangerous diseases, appeals to that humanitarian instinct which prompts protection to the irresponsible ignorant, as well as the innocent and helpless members of society.—Med. News.

WHAT IS OBSCENE LITERATURE?

We are not disposed to be squeamish about the exposure of the human body for the purpose of teaching anatomy or illustrating the effects of disease.

Art and science have a right to make use of the human body in all legitimate ways for esthetic or educational purposes. We are

not at all prudish on this subject. But there is such a thing as obscene literature. Obscene pictures as suggestive illustrations that have no other effect than to arouse the sex instinct and to stimulate the animal feelings.

For instance, there lies before us at this moment a so-called health journal. It is retailed on all the news-stands at five-cents. On the cover, occupying about two-thirds of the space, is a full figure of a young woman. This woman is practically naked. On close examination it appears, however, that her skin is partly covered by a very thin gauze garment of some sort. She also has on stockings that come slightly above the knee. She is posing in such a way as to exhibit the curves of her body and the physical charms of which she is possessed. It appears that she has won a prize somewhere for physical beauty and this is taken as a pretext for exhibiting her form in this very public manner.

Thousands of boys who have not the slightest interest in art or science, who care nothing for health or bodily development—thousands of such boys will undoubtedly purchase this magazine, animated by a purpose entirely different from what was intended by the editor of magazine.

On looking over the journal, numerous similar pictures occur, every time photographs taken from living subjects. One, two, three, four, five, six, seven, full length figures of women are shown with nothing to protect their bodies but a skin-tight garment, exposing the form in every detail as accurately as if they were completely nude. Side views, front views, back views, with arms extended, and with arms folded. Young girls and mature women, all possessed of more than ordinary physical development.

Accompanying some of these figures is a lecture on the art of physical culture. The pictures are supposed to illustrate the text and better enable the reader to understand what is intended. We have often seen physical culture exercises illustrated by outline sketches of the human figure, which just as plainly illustrated the different postures desired as these nude pictures taken from life.

It is possible that the writer has in his mind to add to the natural interest of the reader by the extraordinary exposure of a beautiful woman? Is it all likely that the real interest of physical culture will be advanced by selecting beautiful women as subjects, rather than outline figures which do not suggest sex at all?

Does any one pretend to maintain that highly development busts or shapely hips can better illustrate an exercise intended to make the sick well or the weak strong? Is it a good thing to sell such pictures to any one who has the money to purchase? Is it a good thing, from a physical, mental or moral standpoint? Will such pictures tend toward developing or degrading the human body? Then what can be said of that woman who lends her body to such a purpose as this?

Mind you, we are not posing as prudes. We are willing to concede that a person might write a book in which the human

form in all its perfection is exhibited as encouraging to others to develop the same perfection. This book might be furnished to all purchasers who desire to adopt a course of physical culture. In this way a perfect human figure might operate as a stimulus through the pagees of the book for other women or men to emulate.

But in a cheap magazine, sold for five cents on every newsstand in the United States, exposed to public gaze in railroad stations, cigar stands, barber shops, bookstores, sidewalk newsstands,—how any woman can lend her physical perfections to such publicity, to be sold for five cents a copy, is difficult to imagine, if she has before her the sole purpose of helping men and women into better and happier lives.

We do not believe in guarding boys and girls against the facts. The human body should not be treated as a mysterious or an indecent thing. Under proper circumstances boys and girls ought to be made familiar with the perfect human body. Anatomy and physiology ought to be studied, and they cannot be studied without some pictorial representations. But, from our standpoint, we cannot possibly frame any excuse for selecting a beatiful girl to pose in a practically nude condition to illustrate the front cover of a magazine that will be purchased by newsboys, street gamins, illiterate men of all ages, and be used as a decoration for barrooms, prison-cells, and club-rooms visited only by coarse and vulgar men.

Do such things tend to elevate or degrade the female figure? Do men have a higher reverence for women by seeing such pictures? Perhaps they do. But we believe, as a rule, nothing is accomplished by this scattering broadcast suggestions which stimulate the wrong side of human nature.

We certainly believe that the day will come when all mystery and secrecy concerning the human body will vanish. When men and women will no longer be ashamed of their unclothed anatomy. But it does not hasten the day when all things will be pure, because mankind is pure,—it does not hasten that day to scatter broadcast nude pictures of women and girls, with no better pretext than to increase the sales of a five-cent magazine.

The phrase "feminine purity" has lost all meaning when it has become the proper thing for women to allow themselves to be photographed for the edification of countless multitudes, of boys and men who cannot intelligently read a single sentence of the so-called lectures that accompany these exposures.

We believe in physical culture and hope to see it become a science and take its place among the other sciences. But we have every reason to believe that the unnecessary exposure of the female figure does not tend to popularize the science of physical culture, but rather tends to prejudice many people against it who would otherwise become its staunch advocates.–Dr. S.G. Carr in *Med. Talk.*

[The above article, in Dr. Carr's happiest style, is well "worth while." It is seldom that I agree with Dr. Carr, but this time I most decidedly do.]

[SQUIB — A pithy comment on men or things — Dictionary.]

THE SQUIBBER

Frank Homer, Ph. G. — Pithy Comments on Things Pharmaceutical.

The Late Board of Pharmacy Election.

That was an interesting time in New York in pharmaceutical circles; the election of a Board of Pharmacy member. The chief issue in the campaign was: No collusion between College and Board, and for once righteousness prevailed and the independent free-from-college-influence candidate was elected.

* * *

Wherever the Squibber went he heard that it was generally admitted that the Editor's letter sent out to the pharmacists of the city, had a determining influence on the issue of the campaign.

* * *

There were certain things that the Interborough Association—an association organized a few days before election just for Mr. Erb's benefit—did, which would not look at all nice, if reported in detail in print.

* * *

The organization of the Retail Druggists' Association was perfect, all were in earnest, enthusiastic and conscious that a moral question was at issue.

* * *

But honor to whom honor is due. It is universally admitted that to Mr. Peter Diamond more than to anybody else, belongs the credit for winning this election. He worked indefatiguably, and at the same time, he never lost his head, from the time he assumed the management of the campaign until the minute the result of the election was announced. Mr. A. Bakst and Mr. L. Marmor were able lieutenants.

* * *

Dr. Diekman, who was the chairman of the election, is to be commended for his fairness and impartiality and for his refusal to lend himself to questionable practices attempted by some over-zealous friends.

* * *

Mr. Herold was just a little bit too zealous. Was he afraid he might lose his job as Board Lawyer in case of the election of Mr. Weinstein?

* * *

The Squibber, who stayed thru and watched the entire election, must admit that every vote cast for Mr. Weinstein was a fair and square vote, but the same could not be said of every vote cast for some of the other candidates.

* * *

Every one felt that if Mr. George Kleinau had not been nominated so late in the season, he would have pulled a very large vote. He is very popular, has a host of friends and would make an excellent member.

* * *

The silly assurance of Mr. (or "Dr.") J. Kahn that he would be elected, disappeared very early in the morning. The entire Kahn business was not bona-fide and he deserves the crushing defeat he got. He will not be in a hurry to run again.

* * *

As to the campaign literature that Mr. Kahn's managers sent out, the Squibber would suggest that a little less bombast, a little less childish boasting would have been more useful and more efficacious. Oh, yes, one more thing; the writer should first learn the art of writing in correct English.

Some N. Y. S. Convention Notes.

Well, the great convention of the N. Y. S. P. A. at Brighton Beach is now of the past, and most of us who attended have had time to make up a few hours of sleep lost there, as well as a few of the dollars that there took unto themselves wings—but we'll all agree 'twas worth it.

* * *

Some 500 were "in attendance"—that is, there were registered perhaps two dozen of the "regulars," who never miss an affair of this kind; then a couple of hundred local druggists "ran up" to vote for our friend Swann, and to participate in the entertainment features; about a hundred jolly commercial travelers showed up with an eye to business and a good time, as did a half dozen representatives of the "pharmaceutical press"; the colleges were represented by a dozen or so professors, and here and there one could see a real, ordinary every-day druggist from out-of-town.

Bro. Swann was elected Secretary, and thereby $300 per year was added to his income, and his appetite for office was appeased, for a time. But Manhattan will have to send up a big delegation to hold Samuel Van Buren in office when the convention meets—in Syracuse, say.

* * *

Retired Sacretary Dawson's report dwelt mainly on the printer's responsibility for the delay in issuing the proceedings—the only point that needed clearing up in the ex-secretary's performance of his duties. Mr. Dawson is one of the ablest and most successful druggists in the association, which, it is to be hoped, will see the advantage to itself of conferring honors upon him in the future.

* * *

The regret at the absence thru illness of President Anderson was sincere and universal. A generous desire to give him an opportunity to preside at a meeting was undoubtedly responsible for his unanimous re-election.

* * *

Chairman Wm. Muir, of the local committee, took up a large part of the convention's time and attention, and he certainly proved himself an adept at providing rare entertaiment and getting the wherewithal to pay for it.

* * *

Wm. H. Rogers of Middletown is one of the kindly, cultivated "gentlemen of the old school" whom it is always a pleasure to meet. His presentations of reasons why Mr. Dawson should be re-elected to the secretaryship was masterful. If he'd had something like an even chance he'd have won the day for his man.

* * *

An issue that the convention dodged was raised in Dr. Huested's paper "Am I My Brother's Keeper?" in which the author suggested that the association take some steps to have the public protected from secret nostrums that are palpable frauds. There was "nothing doing." And still the association could have done some good work in this direction.

* * *

A substancial evidence of the good work of the association was shown in the report of Felix Hirseman, of the committee looking out for apothecaries in the State service. From the State Convention on Lunacy, having charge of such matters, a promise was received that next October salaries will be materially increased.

* * *

Vice-President Jas. A. Lockie, who presided over the convention, is one of those big, popular, magnetic fellows whose alliance with any cause makes for it more support that a dozen wind-jammers. That the State Association is still numbered among those affiliated with the N. A. R. D. is largely due to Mr. Lockie's quiet influence.

* * *

Certain members of the "pharmaceutical press" were quite conspicuous at the convention—particularly during the trip to Fort Hamilton, when they passed up and down the long line of carriages in a gasoline wagon and saluted the celebrities of their acquaintance. Those press fellows know a thing or two about advertising.

* * *

Dean of the press corps, as it were, is the alert Tom Keenan, of the "American Druggist," who has a way of letting even a blind man know that the A. D. *is* represented. Next in point of service is "Rob" Roberson, of "Merck's Report," the thin, blond scribe who can get the biggest convention in the smallest space compatible with comprehensiveness, and throw in a dash of local color at that. Frank E. Tupper of the "Druggists Circular," was there, too—if his heart was in Arcady—and nothing escaped him, except once in a while a sigh—his accomplished young wife is visiting her folks in Nova Scotia, you know. Young George Lewis of the "Pharmaceutical Era," was covering his first convention, and he bids fair to measure up to the standard of his illustrious predecessors.

* * *

Peter Diamond, who was elected chairman of the executive committee, set a splendid example and at the same time administered a mild rebuke to the local associations that are squabbling about the credit for the "college diploma" bill, by stating decisively that the credit belonged chiefly to the State Association. He could have adavnced logical reasons for giving the New York R. D. A. a lion's share of the credit, but he took a broader, a more generous, and—a more diplomatic view of the subject.

Druggists who intend visiting the Louisiana Purchase Exposition—and what druggist doesn't so intend, with the two national conventions of his profession to be held in that vicinity—should remember that one of the features of interest to the student of medicine and pharmacy is the outdoor exhibit of the Office of Drug and Medicinal Plant Investigations of the U. S. Department of Agriculture. This exhibit comprises growing specimens of various medicinal plants, some of them native species which are gradually becoming scarcer and therefore more valuable, some simply ordinary weeds that can be picked up on almost any farm, for which, however, there is considerable demand. A few foreign drug plants, of which we are now importing large quantities and which could be cultivated in this country as well as abroad, are also introduced. The different parts of these plants, prepared as they are found in the drug trade, are shown in the indoor exhibit of the Bureau of Plant Industry, as are also some of the active principles obtained from them.

* * *

Ever hear of the "professional litigant"—the man who makes a business of entangling business men, corporations, etc., within the meshes of the law, and then mulcting them for damages? Lots of queer stories told about him. One fellow, a negro, preys on druggists with racial prejudices. It was only a few months ago that he got a thousand dollars in court from a druggist who didn't want to serve him with soda-water. The dispenser told him that soda-water would cost him 50 cents, and the colored brother said he wanted it if it cost $50, and got it at the first figure. He proved in court that a number of white brethren had gotten soda-water that very day for 5 cents the glass, whereupon a righteous jury prescribed for him a money balm. * * *

"Stock the New Serum" is gravely announced as the name of a new antistreptococcus serum in a recent issue of a Dresden drug paper, according to the "American Druggist." The phrase was originally used as the caption of a notice to the trade by Frederick Stearns & Co. of a new form of serum in bulbs which they had recently put on the market.

[For the Critic and Guide.]

THE CARPING CRITIC.

When carping critics criticise,
It's hard to keep from swearing;
'Tis also hard to shut our eyes,
When blunders are so glaring.

To tell the truth may be unwise,
'Tis sometimes hard to bear it;
But if the shoe is not your size,
Of course, you needn't wear it.

Tho every man may have his say,
You oftentimes will find,
The carping critic lights the way,
Where others would be blind.

Let carping critics criticise,
And scold with circumspection;
If they but help to make us wise,
Why, then there's no objection.

GEO. A. WILLIAMS, M.D.
Bay City, Mich.

THE MISTAKEN DIAGNOSIS.

Albert Levering, the black-and-white artist responsible for so many "comics," used to live in Chicago, but has since transferred his allegiance to New York. He took his hypochondriacal tendencies with him and they are still in good working order. His favorite pastime is to read of some deadly disease, preferably a new one, go to bed imagining he has it, lie awake all night, see his doctor in the morning and get assurance that he is in perfect health, and then go back cheerfully to work.

One morning not long ago, he turned up at the doctor's just as the man of medicine was getting into his carriage.

"I'm in a hurry," called the doctor, "and can't stop to see you, but it's all right—you haven't got it."

"Haven't got what?" demanded the astonished artist.

"Whatever it is you think you've got. Not a symptom of it. Good-bye," and he drove away.

"Well, now," said Levering, turning to a lamp-post as the only witness of the scene, "that's the time he's mistaken. I know I have got it—ten dollars in my pocket to pay his last bill, but if he's sure I haven't I'll try to get in line with his diagnosis," and he went around to the nearest junk shop and invested the money in a pair of brass candlesticks and a copper kettle.

LETTERS TO THE EDITOR.

I read your CRITIC & GUIDE with much pleasure—there is a great deal of refreshing vigor in it. Fraternally yours,

CARL BECK, M.D.

[Prof. of Surgery N. Y. Post-Graduate Medical School and Hospital].

Dear Doctor:

Please don't fail to send the "Critic and Guide," for it is the best tonic on the market for the medical man.

ROBERT B. CASTREE, M. D.
Ballston Spa, N. Y.

I read the sample copy you sent and was so well impressed with it, and with the work you are doing that I want to read further.

EDW. H. MOSS, M. D.,
504 E. Liberty Street,
Cincinnati, Ohio.

Editor Critic and Guide:

Received your sample copy to-day; was pleased to find it so interesting and so enthusiastic in exposing medical frauds. It fills a great need for the general practitioner, who has neither the time nor training for this great work. Find enclosed $1.00 for a year's subscription. Yours sincerely,

THOS. STONE LEWIS,
150 North Mill Street, Lexington, Ky.

Dear Dr. Robinson:

Enclosed please find M. O. for 2 years' subscription. I was much impressed with your article in the J. A. M. A., and doubly so with the sample copy of the "Critic and Guide," for which I thank you. I hope you will introduce your journal extensively to the medical profession, for it is in need of enlightenment. Respectfully,

L. WEISS, M. D.,
61 Beacon Street, Newark, N. J.

Editor Critic and Guide:

I am in thoro sympathy with the work which you are doing, and enclosed please find my subscription.

T. J. BOWLES, M. D.,
310 E. Washington St. Muncie, Ind.

Editor Critic and Guide:

Your ovoferrin editorial for May was certainly convincing, as far as your contentions were concerned. It is the kind of editorial that's read and read again. I enclose subscription for two years.

Yours truly,

J. MILTON MABBOTT, M. D.
19 Fifth Avenue, City.

Editor Critic and Guide:

I stopped one of my medical journals the other day, because I was taking more than I could read, but when I received the sample "Critic and Guide" and read that sentiment expressed in verse, I at once decided I must have it, and that I was in need of just such a periodical.

You even hit Dr. Taylor, a man I have for a long time had the profoundest respect for, on account of the great and good work he is doing for the medical profession through the Medical World. If you have occasion to strike him again, hit easy please.

Here's a dollar, for which please let the "Critic and Guide" come to my "Wigwam" (I'm in the Indian Service, U. S.) twelve times, at least.

DR. J. S. LINDLEY.
Hoopa, Humboldt Co., California.

Editor Critic and Guide:

The "Critic and Guide" came to my office this morning, and to say that I am well pleased with it, expresses my feelings but slightly. There has long been a need for just such a fearless freelance in Medical Literature. I hope you will keep at it until medical men awake to the fraud and humbuggery that is being practiced on them. Don't let up on the Medical Brief and frauds of its class until their character is so completely exposed that they will cease to find a profitable field for their nefarious practices in the medical profession. I enclose check in payment of a years' subscription. Wishing you success in your endeavor, I am,

Respectfully,

V. S. McLELLAN, M. D.,
Canton, Miss.

THE LADIES' HOME JOURNAL,
PHILADELPHIA.

Dear Dr. Robinson:

It was very kind of you to speak so pleasantly of our work in the editorial you sent me, and I thank you sincerely for your friendly and valuable endorsement. Believe me,

Very Cordially Yours,
EDWARD BOK

Dear Dr. Robinson:

The "Critic and Guide" of May, 1904, p. 139, makes reference to the James Alkaloidal Co., of St. Louis—A Wretched Fraud. Am glad to see you expose this fraud. The concern belongs to and was established by Chas. C. James, of Memphis, Tenn. He is the founder and owner of the "Old Homestead Sanatorium" (Memphis), a place for the treatment of Drug Habitues of all kinds. The alkaloidal remedies seem to be a remedy for the manufacture of Drug Habitues, and the old homestead a place for the treatment of the Habitues. Hurrah for the "Critic and Guide!"

Yours very truly,
DR. FELIX G. TRAYNHAM,
Cotton Gin, Texas.

Dear Doctor:

The question "Does an honest and conscientious druggist ever succeed financially?" is one which is agitating itself in my mind these past two months. Do they get the support from the physicians that they deserve? I am not a chronic kicker or growler. I try to anticipate the needs of the local physicians, of which there are 45; not waiting until a thing is called for, but laying it in as soon as it is detailed. I make a specialty of Squibbs and Merck's chemicals, P. D. & Co.'s fl. extracts, etc., Fraser's tablets and so on. I send a circular once each month to them all, but still the trade does not increase. I employ the best help I can get, and advertise extensively. Now, pray, tell me what else can one do? A. Th. MacD., Brooklyn.

[Nothing else. Success is bound to come.—Ed.]

Editor Critic and Guide:

A few days ago one of our M. D's. received a copy of the "Critic and Guide;" he not being in at the time I took the liberty of "butting in!" and seeing what was, and to be frank with you I have never met with as happy a treat as I had when I read the copy and noted with what vim you assailed the "fakes" and fakers, and especially did your article on Ovo (?) ferrin (?) do me good, as we are about to have a run on this article, as we have had a prescription or two for it, and I am sure that we will not have another one till they in some way "prove the pudding."

Herewith please find P. O. Order, for which please enter me for one year. Hoping you will continue to assail with the same fearlessness that this copy has presented, and wishing you much success with same, I am with you,

Very truly,
E. R. WESTMORELAND,
Lockhart, Texas.

Editor Critic and Guide:

Picked up the "Critic and Guide" journal for May, and think it is O. K. Enclosed please find $1.00, for which send same for one year, and oblige,

Yours truly,
L. C. I. FAREHAM, Ph. G.,
Baraboo, Wis.

Dear Doctor:—In the Journal of the American Medical Association of April 16th, 1904, appears a very interesting and instructive article by you for which I wish to express my thanks and congratulations. From the manner in which it is written I am led to write you for further information in this same direction and trust I shall not be intruding by so doing. . . I have always wished to be the owner of a book that would give me the composition of different patent medicines, but have been unable to find one of recent date. Can you assist me in this line or at least tell me where I can find more articles along the same line as yours? Thanking you again for your most excellent paper and again asking your pardon if I am intruding, I am, yours very truly,

W. H. GRANT, M.D.
845 Boylston St., Boston, Mass.

[There is no book on the subject. The Critic and Guide is the only journal that makes more or less of a specialty of analyzing and printing the analyses of various nostrums.]

MELANGE FOR DOCTORS.

J. W. BRANDEIS, A. M., M. D.

Throbbing with indignation Dr. (!) Pierce and some others of his ilk are calling upon the law to punish the editor of a lay magazine, who had the temerity to state that their various concoctions contain alcohol, etc. Wouldn't be surprised, either, if the suit is won, for its odds that there will be sufficient "old-womanhood" on the jury, whose health has been improved by Pee-Ruiner or something thereuntolike, to succeed in prostituting justice. If Dr. Pierce recovers damages it will be the first "recovery" he will have had to his credit!

We read in a certain magazine a suggestion, rather a statement—the editor of the peculiar magazine merely states!—to the effect that we would all be greatly benefited if we would but wander clotheless around our homes for about an hour each day. Excuse the levity, but we have been imagining ever since how various of our acquaintances [A. L. for instance] would appear capering about their chambers as Nature produced them.

Happening thru Westerly, Conn., and passing down a main street, one is surprised at the rapid succession of drug-stores encountered. The first thought, naturally enough, is to look for a prosperous medical practice or a thriving undertaking business. Neither, however, prove in evidence. But stopping in at one of the drug shops, the Highball, that is served, clears as well as enlightens the perplexed mind.

The doctor, according to the Sage of East Aurora, makes money and indulges in "Conspicuous Waste." To quote his words: Doctors prey upon the moral and physical maladies of society; and to a large extent they excite, stir up, foment and bring about the ills they pretend to alleviate. The medical advertisements are not to let you know the disease is curable, but to make you think you have it. . . . Some of the very richest men in America are doctors. I refer to the Pierces, Pinkhams, Beechams, Jayneses, Carters and Munyons."

The men you name as doctors, Mr. Hubbard, evidence the rank absurdity of your entire statement. These men are no more doctors, in the true sense, than are the men who concoct their vile advertisements for them, authors. Shame upon such looseness.

In West Virginia the doctors have banded together to take a stand in the elections to the state legislature. They want to know just where the various candidates stand as regards helping them in a fight against Christian Scientists, Osteopaths and ordinary quacks.

This is a note which should have been sounded long ago. What could not the medical fraternity, similarly banded, demand, aye command, in any community where, in a close contest, they might control the balance of power!

A girl out in Minnesota, according to the daily press, underwent an operation for the cure of deafness in one ear Under the anesthetic, she claims, the surgeon attended to the wrong ear, tackling the one that was right and caused complete deafness. The question arises—if she be right and he wrong—what would have been the result had he operated the right ear, that is the one that was wrong, instead of the wrong ear—the one that was right?

At a recent meeting of a medical society, a prominent physician, in discussing a paper read by an able New York surgeon, referred repeatedly to what "we," physicians, do and think as against the actions and ideas of "them," the surgeons. In his closing remarks the surgeon chid his colleague for the distinction, and his words were so forcible and true that they should deter men, in the future, from using these two titles as terms of distinction.

"'We' and 'they!'" he exclaimed, "I do not recognize any such distinction. We are all one. We are all 'we!' Every surgeon is, [or should be. W. J. R.] primarily a physician who merely has equipped himself with one more therapeutic aid!"

We read with regret that an erring member of the medical profession in this city has been condemned to a term of imprisonment for bringing on miscarriages Irony of fate! There was no miscarriage of justice in his case.

Here is what Napoleon said about doctors to his surgeon, Barry O'Meara, at St. Helena:

"You medical people" said he, "will have more lives to answer for in the other world than even we generals. What will you say for yourself when you are called to account for all the souls of poor sailors you have despatched to the other world? Or what will your saint say for you, when the accusing angel proclaims. such a number you sent out of the world by giving them heating medicines, when you ought to have given them cooling ones, and vice versa; so many more, because you mistook their complaints, and bled them too much; others because you did not bleed them enough; the crew because they were *canaille*, and you did not pay them as much attention as you would have the captain or admiral, and because you were over your bottle, or at the theatre, or with a fine girl and did not like to be disturbed...

"Of surgery I have quite a different opinion; as there you do not work in the dark. There you, at least, have day-light, and your senses to guide and assist you."

A new chair of Electro-Therapeutics has been established at the New York Polyclinic, and Dr. Milton W. Franklin has been placed in charge of it. As an inauguration of the course to be given to post-graduates, the appointee delivered a most interesting and instructive lecture in which be covered the entire ground of the development of the science up to the present day.

It is often puzzling to the professional man to decide to what extent it is justifiable for him to indulge in popular sports and pastimes. A little incident culled from an article on Herbert Spencer in the *Forum* will show the great philosopher's opinion on this point. Spencer was very fond of billiards and played the game often and well. One night, at the club, he challenged a young officer to a game. His challenge being accepted, Spencer led and missed. The officer now, in his turn, ran off the required number of points with out a break. Spencer watched him through, then dropped his cue and addressed him in this manner: "Some atquaintance, Sir, with games of skill becomes a cultivated mind, but mastery such as yours bespeaks a wasted youth"—after which he stalked off in disgust.

Doctors as authors are appearing before the magazine-reading public in unusual profusion just at present.

In the *Century*, S. Weir Mitchell holds the attention with a serial dealing with the boyhood of Washington—a singularly daring subject treated with that master's usual ability.

In the April—June *Forum*, Dr. J. M. Rice—who, by the way, is editor of that excellent magazine—treats of "The Need of a New Basis in Educational Supervision." The author evolves, step by step, a system of supervision which, even to one little versed in pedagogics, would seem very rational and feasible in its application.

Dr. John W. Churchman represents the opinion of the entire medical profession in an article on "Christian Science" in the *Atlantic Monthly* for April.

The March *Arena* contained a notable essay on "Ingersoll as an Idealist" by H. E. Kittredge, M. D.

Dr. Withers C. Watts tells in the *April Wide, Wide World* how he set a mad bull afire to save himself and a sweet young thing from beginning housekeeping in a tree—which adventure we trust is not true, even though that would rob it of its only possible merit.

Nor is fiction entirely neglected. A mediocre little story on a very hackneyed subject is contributed to the April "Wayside Tales" by Dr. A. V. Grafstrom. It is called "At The Ferry."

And lastly, scientific in nature, are "The Conservation of Energy in Those of Advancing Years" by J. M. Tabor M.D., and "The Air of the Luray Caverns" by Guy Z. Hunter M. D., both appearing in the *Popular Science Monthly* for April.

In the book list, too, we find several medical authors dealing with subjects not distinctly medical in character. Besides "To Windward" by Dr. Henry C. Rowland mentioned in the April *Critic and Guide*, we find "A Missionary in Korea" by Lillie H. Nuderwood M. D., and "Unreconstructed," by J. H. Claiborne M. D.

We read with soorow not long ago, of the inroads Tuberculosis had made on the force of Medical Internes at Bellevue Hospital; and we learned with dismay that the disease had been contracted through the careless habits of patients. We know, however, of a hospital in which the conditions go even Bellevue one better, and where many an Interne has become the victim of the same disease. At this hospital the tuberculons patients are placed in the same ward and side by side with sufferers from other diseases.

Some time ago the writer was handed a Physicians Visiting List with the request to write something about it for a prominent medical magazine. The task being difficult the result was a notice which merely stated that we had been using the "——Visiting List" for several years with great satisfaction, our practcie having increased during the time. This we thought humorous, so what was our surprise upon receiving a letter several weeks later asking whether we really vouched for an improvement in practice under the use of the "——Visiting List."

We answered "yes—if the use were continued long enuf!"

And just so it is with the patent medicines that receive the plaudits and encomiums of the laity in the daily press. Persons, perfectly sane otherwise, will attest, that "after using ten bottles of Fakura I was completely cured." The ten bottles occupied perhaps six months in their consumption, by which time the sufferer would probably be well of any slight ailment or dead of a severe one!

There is a little society in New York known as the Charaka Club, whose object apparently is the study and development of the historical and literary side of medicine. There are but ten or twelve members, I believe among whom are Frederick Peterson, Arpad Gerster, Joseph Collins and Bernard Sachs, if we remember well. The idea is excellent, but the membership should be limited to twelve hundred instead of twelve.

Members of the Academy of Medicine, who have curtailed the privilege of "strangers" in the use of your library, harken unto the voice of Oliver Wendell Holmes, as he spoke at the dedication of the Medical Library in Boston on December 3, 1878.

"And now such a library, such a reading-room, such an exchange, such an intellectul and social-meeting place, we behold a fact, plain before us. The medical profession of our city, and, let us add, of all those neighboring places which it can reach with its iron arms, is united as never before by the *commune vinculum*, the common bond of a large enduring, ennobling, "unselfish interest."

Have you ever ridden down the avenue in a street car counting the minutes left you in which to keep an important engagement, while the car stopped regularly at every corner?

You glance at your watch and discover in disgust that you have but three minutes to cover twenty blocks. Your watch shuts with a snap, and you crane your neck to catch a glimpse of a clock in some store window as you pass. Suddenly you see one and Thank Heaven! it is but eleven minutes of *four*, which allows you eleven minutes to get there. No sooner have you set yourself serenely back into your seat, however, another time-piece looms into view, displayed prominently in the window of a jewelry-store. Four-thirteen it reads and you think things! Maybe, however, this one is wrong, and again you are on the lookout. There it looms up before you!—and four-thirty-two it indicates.

As you jump off the car, two corners below your destination, a factory whistle blows five o'clock; and if a cock, in some nearby back-yard, were to herald the sunrise as you hurry back, you would scarcely be surprised. There surely ought to be a law to regulate clocks.

* * *

VIRCHOW'S SARCASM.

According to the Westminster "Gazette," the political success of Virchow rested largely on the wide dissemination given the following statement made while speaking of hereditary ailments: "I know of a family, a very exalted one, in which the grandfather had softening of the brain, the son a hardening of the brain, and the grandson no brain at all." It was generally understood that this referred to Frederick William II., III and IV, of the Prussian dynasty.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. AUGUST 1904. No. 2.

August is—or should be—an off month, and this is therefore an off issue. But look out for September. Some good stuff waiting for you.

An **honest** subscriber does one of two things: If he likes and wants the journal, he pays for it; if he does not want the journal, he notifies the publishers to stop it. If he does neither, he is—well, he knows what he is.

FORMULAS THAT CAN'T BE MADE UP.

It is ridiculous to print formulas of preparations which are either unknown in this country or cannot be obtained in this market. Of what use is a formula if it can't be made up? For instance, in N. Y. Med. Jour. for July 16 the following formula is recommended for whooping cough:

> Syrup of belladonna, 50 Gms., Syrup of valerian, Syrup of digitalis of each 25 Gms.

Not one of these preparations is official in our pharmacopeia, and there is not one druggist in a thousand that has access to the proper information. We can therefore see with what success a patient would meet, who should try to have the above prescription made up in an American drugstore. In taking formulas from foreign journals, great care and judgment are necessary. Everybody with a smattering of foreign languages is not capable of doing the work properly. Only one familiar with the pharmacopeias of the world should attempt the work. Terms which are apparently very simple may signify entirely different preparations. Tinctura aconiti of the German pharmacopeia is a different preparation from ours—being 3½ times weaker, and even Tinctura Iodi British Ph , is a very different preparation from Tinctura Iodi U. S. P. Every thing must be

taken into consideration, if we want to do our work honestly and conscientiously and not merely fill up our pages with ridiculous, impossible or dangerous "formulas".

MACHINE MADE DIAGNOSIS.

The Editor was once a hot laboratory man. He firmly believed that the test tube and the guinea–pig were the most promising means for the advancement of therapeutics. He had an acrimonious fight which lasted for many, many weeks, with the anti-vivisectionists, who were not slow to bestow upon him all kinds of epithets for his defense of vivisection. But as I live and learn, I become more and more convinced of the secondary value of laboratory research and animal experimentation. Now, please do not misunderstand or misquote me. I do not say that those experiments are *worthless*, I merely state that they are of secondary or subsidiary importance, both as an aid to diagnosis and as a means of therapeutic advancement. And it is pleasant to see that the most eminent practitioners, as Sir Dyce Duckworth and the Editor of the Practitioner do not hesitate to express themselves in the same direction. And what Dr. Bosenquet says on the subject is well worth considering. "Whether it be due to our methods of teaching or not (he says) we cannot say, but there can be no doubt that the tendency of the present time is to rely more and more upon laboratory methods of diagnosis and less upon clinical examination of patients. If we are in doubt as to whether a patient is suffering from diphtheria, we care little as to the presence or absence of membrane in the throat; we send a "swab" to the nearest laboratory, and make our diagnosis on the report of a man who has hever seen the case at all. If enteric fever is suspected, the blood must be examined; and as the Widal test is positive or negative, so the sufferer's ailment is classified. The onus of a decision is thrown on to some one who has no responsibility in the matter, and we are free from blame in any case. And so great is our faith in the refinements of modern laboratory methods that their findings are often accepted in the face of distinct clinical evidence to the contrary. Yet we would venture to suggest that no single one of the laboratory tests has as yet established itself as infallible. It is known that virulent diphtheria–baccilli may exist in healthy throats, and therefore also in sore throats which are not diphtheritic. Agglutination of B. typhosus may occur with serum from patients who are not suffering with enteric fever, and may fail to appear in the case of those who are so afflicted. In short, the tests are useful in their way, ff used rationally as aids, of quite subordinate value to the study of clinical symptoms and signs. Otherwise employed, to the neglect of the phenomena met with in individual cases of illness, they are as likely to mislead as to help the too confiding practitioner". True, every word of it.

THF FAKIRS, THE C. & G. AND THE POST OFFICE.

The fakirs have been trying to make me trouble with the post-office authorities in Washington for sending out such a large number of copies of the CRITIC AND GUIDE. But they only had the trouble for their pains. The post-office authorities know the difference between a patent-medicine-almanac-journal and a high-class, ethical, above-board publication like the CRITIC AND GUIDE. They told us to go right ahead.

A LITTLE OASIS.

I have taken my vacation this year the only way I could—in snatches. I have been here, there and everywhere. I stopped at a dollar-a-day farm house and a ten-dollar-a-day hotel. Everywhere the same dullness, the same sameness, the same monotonousness. Everywhere "make-believe that we are enjoying ourselves." Three days, however, I spent in a little oasis, in a little paradise, where good will, good cheer, health and happiness seemed to radiate from every child, man and woman and seemed to permeate the very atmosphere—that was in East Aurora, the home of the good Philistines and Roycrofters, presided over by that unique genius, Elbert Hubbard.

WHAT THE FRAUDS ARE TRYING TO DO.

The fakirs and quack-nostrum manufacturers are smarting under the blows so smartly dealt them by the Critic and Guide. They are in an impotent rage. They are holding war-councils to devise means and ways by which to hurt the editor. As Dr. Harris told me: "They would railroad you, if they could." But they can't. And something they must do. Well, one would hardly believe it, but those fakirs have hired a lot of agents and some shyster lawyers, who go about the city, trying to find out my history from the day of my birth, my parentage, the occupation of my relatives, etc., etc. In short, they are doing their utmost to try to find out—perhaps there is or was a flaw somewhere or sometimes in my private life, so that they could write up a story. Anything to discredit the Editor of the Critic and Guide, to undermine his influence. O, poor fools! Have I driven you to such straits? Well, go ahead. The editor has absolutely nothing to fear, and he asks no quarter—as he shall give none.

P. S. I received forty odd communications from friends who were approached by these fakirs with inquiries about me, my native city, my religion, etc., etc. Of course, they sent them to Hades. But if so many friends were approached, I wonder how many enemies! Evidently, however, nothing has materialized, for nothing has yet appeared in print. Perhaps it will appear later.

Such blockheads there be, that proofs and arguments have absolutely no effect upon them. You could not convince them that two and two are four, if they chose to believe otherwise. As Herbert Spencer says in his autobiography: How constantly one is misled by the assumption that incontestable proofs will change men's opinions. Where there exist strong prepossessions, no amount of evidence produces any effect.

* * *

Every Russian victory is a blow to civilization, a stone in the path of orderly human progress. A decisive Russian victory would be the greatest calamity that could befall mankind. It would mean the deeper entrenchment of the foulest, cruellest and most murderous beaurocracy that ever disgraced this world. The subterranean dungeon and the Siberian mine would be filled to overflowing, the knout and gallows would be working overtime.—May the world be saved from such a calamity!

* * *

When two good men quarrel, both are at fault, says Elbert Hubbard. Probably so. But the wisest and best man is sometimes *drawn* into a quarrel with a dolt or a miscreant.

* * *

They liked the July issue all right, but they thought there was too much I, I, I in it. Is we, we, we better?

* * *

Several journals that have done me the honor to reprint little things from the CRITIC AND GUIDE have thru error or misunderstanding credited them to the *Medical Critic.* Now, there was once a journal *Medical Critic*, but it has been dead and buried for quite some time. You are welcome to reprint all you want, but kindly credit correctly: CRITIC AND GUIDE.—

* * *

The worst thing an Editor has to contend with is—that necessary evil, the printer. More than once it happens that the editor proposes and the printer disposes.

* * *

But it is hot to-day.

* * *

I fear I am burning the candle not only at both ends, but also in the middle.

* * *

That parody on a human being, Russel Sage, says, we need no vacation. Those who lead a canned life, those who have a pebble instead of a heart, absorbent cotton instead of a brain, and twine of instead of nerves, need no vacation. Those whose every fibre vibrates with life and emotion, need long vacations; else *they* collapse.

ORIGINAL COMMUNICATIONS

[Written for the CRITIC & GUIDE.]

THE WHOLE PLANT OR ITS ACTIVE PRINCIPLE.

By William F. Waugh, M.D.

AN eminent chemist some time ago advanced the idea that the alkaloid was not a product of the plant but an educt. Or rather, that the chemical reagents employed in extracting the active principles so far broke up the natural constitution of the plant that the result was not a normal representative thereof but something foreign, of forced and unnatural nature.

Now if this were a mere poetic expression it might pass muster, but the writer was supposed to be talking sense. Hence we may assume that he meant his words literally, and we many inquire into the truth of his assertion. We would therefore ask, why does he not carry the argument to its legitimate ends? If the use of reagents to separate the alkaloid from its native combinations and obtain it in chemical purity are destructive, how about the use of alcohol, glycerin and water, with alkalies perhaps, to form the extract? All this alter the original constitution of the article, and break up the original combinations. We therefore come back to the crude drug, root, leaf, bark, wood, etc., as representing the real remedy in its true and natural state.

But why stop here? We must admit that these plant products have been submitted to the most violent and radical of alterations from their natural state, in that they are dead. Can anyone claim that the dead and decomposing body of an organic being, animal or plant, is the same thing as that same body when animated by the principle of life? It is preposterous—therefore if we wish to avail ourselves of the true virtues of plants in their natural state we must take it while still alive. And evidently its environment is essential to a condition of perfection, hence the soil, the air, the temperature, the moisture, and all that go to make this plant in a state of perfection, must be included in the dose!

And every step of this deduction is better founded than the first, that edvanced by the eminent chemist.

Laying aside poetic fancy, there is nothing whatever in the idea; and the real question of interest is not as to whether the alkaloid does or does not truly represent the plant from which it is derived, but whether either is capable of exerting effects on the human body functions, and if these effects can be utilized for the benefit of the sick or afflicted. Then comes the question of which is preferable in each case, and why it is preferable.

Plant tissues contain woody fiber, gum, sugar, vegetable astringents, coloring matters, and certain peculiar bodies known as alkaloids, glucosides or other so-called "active principles". These constituents may therefore be divided between the active

and the inactive. Inactive components are objectionable in that they make the doses bulky, the taste unpleasant, sometimes nauseant; and enveloping the true active principles, they compel the digestive fluids to dissolve the active principles, out of the mass, and thus delay the absorption of the true remedies.

Besides, as they contian the active agents in varying quantities and proportions, there is never any certainty as to the precise effect they will exert, or as to the degree to which this effect will be manifested. As to quality, two plant preparations made in the same manner may exert diametrically opposite effects. As to quantity, two preparations pharmaceutically alike may exert, the one no effect at all, the other thirty times the average effect. We see that such a thing as axact prescription and scientific dosage of such uncertain agents is impossible. The best we can expect is a more or less close apporoximation to what we desire. That we quite often hit it, does not help matters much; the more often we do, the less likely are we to be on our guard when the time comes for the exception.

The disadvantages of the bulky doses are lessened by the use of extracts. In preparing these we ascertain what agents best dissolve the active principles of the plant, and employ these; the object being to secure the active principles as completely as possible with as little else as we can. Much of the dirt is thus left out, and we have the active principles with some extraneous matter, especially the coloring bodies. Lloyd goes a step further and extracts the coloring matter; his preparations being the combined remedial components of the plant. By this means the dose is reduced, the taste is improved, the absorption hastened.

But we have still the difficulty that, as the active principles exist in the plant in varying quantity and proportion, there is a variability in the action. Some of our best manufacturers avoid the first difficulty by assaying their extracts, and by dilution or the addition of the active principles, previously extracted from the same varieties of plants, bring the strength of the extracts to a certain standard. The second difficulty is reached by physiologic experiment on animals by which the effect of each lot is determined.

Each of these is an approximation toward scientific precision, and is commendable. But that is all. It seems a pity, when one has the clean alkaloids once extracted, to put them back into the dirt from which they have been rescued. And in testing physiologically, it is evident that but one action is taken as a test, whereas there may be a dozen depending on the various alkaloids present, and the one action taken may not be that which is desired.

The whole matter is reduced to simplicity when we realize that there is no such thing as the action of any plant; but what we term such action is in reality the sum — or difference — of the combined actions of all its active principles. And as these vary in quantity and proportion, so the action of the plant will vary. *We come* down therefore, to the question of which is best the,

combined active principles of any plant, or these same principles taken singly.

No one can sanely argue that uncertainty is desirable in dosing the sick. Chance, luck and mystery must give place to scientific precision.

To know exactly what we need to do, and to exhibit the remedy that will do it — and nothing else — is the perfection of our art.

And for this we must look to definite, unvarying agents, the fixed chemical salts and the alkaloids. Each of these possesses its own distinctive qualities, and when given in a state of chemical purity the effects may be calculated with mathematical accuracy. Of them and them alone we possess scientific tests; the whole field of physiologic provings, the work done in experimental pharmacology, is based on them. Workers in this department were compelled to utilize the alkaloids because they alone afforded that uniformity that gave value to tests. Of what possible use would tests based on "belladonna", or "henbane" have been? The oft-quoted analysis which a witty chemist once made of a whole mouse, would aptly illustrate such an absurdity. But working with atropine and hyoscine the laboratories have given us precise and most valuable information as to the true and exact effects exerted by these agents. Aud if ever we are to have a really scientific use of drugs it must be based on such experiments.

Many are unaware of the extent to which this field has been cultivated. Scattered through the numerous works on Therapeutics and Pharmacy, are many records of the most precise and painstaking observations upon these remedies, made by the most competent observers in the profession. But between these and their clinical applications there stretches a wide gulf. Men read of tests demonstrating the action of pilocarpine — and base on them their prescriptions of jaborandi; of hyoscine, and order hyoscyamus. They still *think* in galenic terms. They easily plod on in accustomed paths. The applications of the active principles seem a bit difficult, since they do not exactly represent the plants from which they are derived, hence there must be a rearrangement of means to ends. And we are not as familiar as we should be with the application of remedies to conditions — we still cling too closely to the treatment of diseases by their names. Nor are we sufficiently accustomed to the idea of dosage to effect — we stick to our one grain of opium and only stop when our patient is narcotized.

Until this is mastered we are apt to see rashness in the administration of these potent remedies, or else such a degree of timidity as renders them useless. "Dose enough" seems to be an inscrutable mystery to him who has not comprehended it—to him who has, it is so simple as to be quickly relegated to the subconscious state —it is as much a matter of course as the alphabet or the multiplication table.

Another difficulty, productive of distrust, is the apparent discrepancy between the change in therapeutic forms and the results claimed for it. It seems like a small matter to substitute one preparation for another, as strychnine for nux vomica; but these physicians who have done so, claim so much in the way of improved results that it appears ridiculous. How can they get out of nux more than we have gotten, and know all about? Here again we have the result of looking at a matter from different standpoints. To him who has not made the change it seems like a small one; but the man who has become accustomed to the improved methods made possible by the use of certain remedies, sees things differently. How many championship ball games are won by a single run? The fortunes of Monte Carlo are built on an advantage of five per cent. Many a case lost would have been saved by five per cent better treatment. And who would estimate the value of promptness in medication, of accuracy in observation and prescription, of certainty as to the action of his remedies in degree and in kind, at so low a figure? Assuredly no one who has tried it.

Many alkaloids have been isolated by the chemist which have not as yet received attention from the physiologic experimentor or the clinician. Among these there may be found agents of great value. Others have been insufficiently tested. There is a group of alkaloids of which we know only that they resemble strychnine in a general way as to their powers. But similarity is not identity, and a study of these may reveal a notable difference in their properties and applicabilities. For instance thebaine: In one case of hemiplegia where strychnine failed to give further benefit the pacient improved markedly on thebaine.

The use of the alkaloids permits a nice discriminat ion and a more accurate fitting af means to the ends desired than when the crude drugs are employed. Take hydrastis for instance: Of its two alkaloids hydrastine contracts the bloodvessels, espe cially the smaller, and is useful in hemorrhages, particularly capillar y oozing from the uterus. We have given ergot for these, when it reduced the bleeding to a certain point but then ceased to act; when hydrastine completed the cure. But the other alkaloid' ber berine, is a contractor of connective tissue, and fills another role. It is the direct remedy for dilatation of the stomach. Give one grain daily for a month to women with uterine prolapse, who do not care to continue the wearing of a pessary, and note results. Add it to your prescription for chronic malaria with enlarged spleen.

There is nothing secret about the alkaloids, nothing proprietary. Any pharmacist may make them. The only claims any chemist can make of them is as to superiority of his processes of preparation. No monopoly exists as to their production or distribution. No more absolutely ethical preparations exist. The peculiar methods employed by those who largely practise with these agents, and the unwonted language used in describing their effects, have

grown out of their experiences. People who travel in steamers do not talk like those who sail in junks; nor do they base their business transactions on the slower modes of conveyance, when they use railways instead of ox teams.

In some instances, as with rhubarb, no single active principle has been found which will replace the plant, which yet possesses powers too valuable to permit its neglect. In others the alkaloids extracted do not represent the therapeutic virtues of the plants, as for instance, pip'rine and cannabine. Such cases would effectually dispose of the idea of an exclusively alkaloidal system, were anyone silly enuf to advocate it. But this need not deter one from using such alkaloids as have been shown to possess properties of value. The medical profession has adopted quinine, morphine, strychnine, and to some extent other alkaloids. We who have tried them know there are many others whose use confers equal advantages.

LILLIPUTIAN DELIVERED OF A LIVING CHILD BY CAESARIAN SECTION.[1]

By. L. H. Bernd, M. D.

THE patient in question was Mrs. Caspar Weiss, an actress, wife of the Lilliputian manager of the Lilliputian Company.

The husband was forty-nine inches high, well formed, and looked like a boy ten years old. The woman was the child of large people, born in Hamburg, Germany. At birth she weighed twelve pounds and was considered a fine baby. When thirteen years old she was thirty-six inches in height. Menstruation appeared at fourteen years, with perfect normal history.

The patient, when first seen, was 20 years old, forty-six inches high, weighed sixty-two pounds, and was in the ninth month of gestation.

Her head was rachitic, with a depressed nasal bridge. Hair was light straw-colored and rather fine. Her teeth were good, but a little crowded; no marks on them indicated hereditary syphilis. Her thyroid could be felt, but it was not specially prominent. Breasts normal, abdomen enlarged and protruding, with a pouting of the umbilicus. She seemed very distended for such a small person. The patient semed like a little girl of nine or ten years old. Her mental faculties were rather infantile. She wished to be amused.

The measurements of her pelvis were: crests of the ilium, 24 centimeters; spines of the ilium, 21 centimeters; bitrochanteric, 26 centimeters; external conjugate, 17 centimeters,

Owing to her terror at the slightest examination it was impossible to measure her internal conjugate correctly. Suffice to say, there seemed to be no disproportions. The head of the child

1) Read before the Philadelphia County Medical Society, April 27, 1904.

seemed large, but the sutures easily compressed. She had had one premature birth of six and one-half months, the child living two hours.

On December 13, 1903, two weeks before term, I inserted a bougie, which slipped out during the night while the patient slept. On the fourteenth three bougies were inserted and contractions were started. After the patient had been in labor for two hours the head did not engage. The membranes were then ruptured, and while the head seemed disproportionately large I hoped to deliver her by forceps, and for that reason had induced labor. I made two attempts to put the forceps on, but with the smallest forceps made there was not room enough in the vagina for both blades at the same time.

A Cæsarian section was advised and consented to. The patient was placed on the table at 9.35 P.M. The child occupied the left occipito-anterior position. A Porro was decided upon. The patient was carried to her room at 10.35 P.M. The entire operation from scrubbing the abdomen to returning the patient to bed occupied forty minutes. Pulse, 120; temperature, 98.2°; respiration, 24.

The stump was sewed with formalin catgut. The abdomen was closed with a continuous catgut suture in the peritoneum; continuous catgut with two mattress sutures through the fascia, then three through-and-through silkworm-gut down to, but not through, the peritoneum. A continuous catgut suture in the fat and one in the skin.

The three silkworm-gut sutures were removed on December 23, ten days after the operation. The patient sat up on January 7, 1904, twenty-six days after the operation, and left the hospital perfectly well.

The baby did not breathe very well at first, but eventually cried and seemed to be doing well. There was a marked caput succedaneum and the print of the forceps on the side of the occiput, which faded within twelve hours. The baby was a female, and weighed five and three-quarter pounds. Occipito-mental measurement, 13 centimeters; occipito-frontal, 11.5 centimeters; biparietal, 9 centimeters.

The child was well nourished and appeared to be at full term, despite the history. Ii was put in an incubator, but did not do well, so was taken out and watched by a nurse, who kept hot-water bags around it to keep an even temperature. It died on the second day.

The case is unique, as it is the first Lilliputian child of Lilliputian parents to be born alive. Chiquita, who was three inches shorter than my patient, had a large husband, and her baby was born dead.

Drs. John Cook Hirst, Heller, Helen Kirshbaum, and Keyser assisted. — MEDICINE.

THERAPEUTIC SKEPTICISM.

By W. N. Mundy, M. D., Forest, O.

THE above may seem a strange title for an inaugural dissertation before a medical society, but it is a subject that has frequently appealed to us and to which we have given much thought. As we grow older in practice, many of the inconsistencies and incongruities of modern therapeutics appeal stronger and stronger to our mind. It does not seem strange to us, that modern medicine and the would-be modern physician are the subjects or rather objects of countless puns and cartoons. One has only to stop and consider the 'isms and 'pathies of modern therapeutics and the numberless differences among those pretending to practice the same 'ism or 'pathy to see the force of at least a portion of our argument.

Though a firm believer in specific medication as we understand it, we are afraid that with increased years of experience and study we are inclined to become a therapeutic nihilist. Much of our skepticism is due to discussions heard at medical associations, some to consultations with other physicians and much more to journal reading. Permit me to recite some instances, as it will better illustrate the force of our reasoning and the trend of our thoughts.

At one of the meetings of our national, a paper was read upon Passiflora Incarnata. The author ascribed to it the properties of a nerve sedative and tonic. As a glandular stimulant, consequently an alterative and an undoubted hypnotic. He then proceeded to sing its virtues as a pain relieving agent in neuralgia such as tic douloureux, occipital and cervical neuralgia, cramps, etc. In vaso motor disturbances such as hysteria, tetanus, eclampsia, chorea, epilepsy, etc. In acute inflammation, such as meningitis and cerebro-spinal meningitis. Reading the complete article, you will find it recommended for every ailment flesh is heir to, from toothache and migraine to cerebro-spinal meningitis; from diarrhoea to cholera infantum; from insomnia to delirium tremens; from ordinary belly-ache to threatened abortion. Such is the range given by this enthusiastic writer.

So far as our personal experience extends, and we believe you will all bear us out in the assertion, passiflora possesses but very feeble if any anodyne properties. We have used it in all sized doses, from the fraction of a drop to a teaspoonful, and have thus far failed to see any pain relieving power whatever. The field covered by our enthusiastic therapeutist is entirely too broad.

It is only a few years ago, our medical journals teemed with the powers of cineraria maritima to dissolve cataract. When we stop to consider the nature of cataract, its pathology, location, etc., does it not look rather doubtful and far-fetched to imagine for a moment that a substance dropped on the cornea would dissolve or dissipate it? We have yet to hear or see a case of undoubted cataract benefitted one iota by this remedy.

Who is to blame for these therapeutic fallacies or dreams? We believe there are two parties. The tradesmen and the doctor, especially the latter. Some enterprising, commercially inclined genius will hear that a plant possesses some slight medicinal virtue. He makes his preparation, sends his samples to some physician, asking him to write an article for publication on its virtues,, meanwhile suggesting along what lines he desires him to write; forthwith comes an enthusiastic article giving the plant or preparation all the medicinal virtues, possible and impossible. Time is a necessary element in placing a remedy where it belongs. Not only time, but patient testing and retesting. It is a fact, that many, if not all the serum remedies upon the market were first evolved by tradesmen, or in the chemical laboratory and not by physicians, by clinical testing. A good, sound, clinical test is worth much more practically than a study on dogs, cats or rabbits in an experimental laboratory. Yet it is surprising to what heights of fancy and by what a strange process of reasoning we arrive at some of our conclusions. For instance, we heard a doctor recently extolling the virtues of a certain remedy in nervousness associated with some fever, occurring in a child. He gave the following history: Vomiting, elevation of temperature and pulse, nervous excitement. Treatment: Castor oil sufficient to move the bowels, followed by the favorite remedy. Result, recovery in twelve hours. Now let us analyze the case. Irritation of the stomach from overloading the same; result fermentation and vomiting. The castor oil excites peristalsis or rather removes the irritating material and cause of the fever, and recovery would have followed just the same, if the favorite remedy had not been given. It is a fact we give too much medicine and frequently ascribe a result to a remedy, when in fact the patient would have recovered in spite of the same or without it, had we but given Nature a chance or opportunity. The earlier Eclectics studied nature carefully, and attempted to do nothing which would interfere with the natural physiological processes, thus assisting rather than doing anything contrary to them. We are afraid we have departed from this old teaching which made them so successful in the past.

We often wonder how physicians can tell to what remedy to ascribe their success. A commercial traveler visits their office and describes to them their diuretic elixir, rheumatic compound, cough mixture, etc. We will not repeat to you any of the formulæ, but it is sufficient to say they contain from six to eight active remedies in combination with aromatics. Now then, must the physician suit his patient to the remedy or the remedy to the patient? The latter is the better method, but the former is the usual one. We are afraid, owing to the spirit of commercialism and enterprise of the pharmacist, the physician will soon degenerate into an automaton. Candidly we can see but little difference between this method and the purchase of patent medicines by the laity, or the *dispensing* of them in prescription vials as we have seen. We all

know we are solicited to purchase preparations for skin affections guaranteed the best for eczema, psoriasis, etc., without considering the differences in the ætiology, pathology and symptoms of the diseases. Yet what is the difference between this method of prescribing and the every day purchase of cuticura? The ideal will be only attained in therapeutics when we can select a certain condition with a perfect assurance of success where success is possible. With the same assurance that we prescribe morphin to allay pain, or strychnin, or nitro-glycerin to stimulate a flagging heart. Recently in a discussion we heard several physicians report the cure of tabes dorsalis by the administration of one of the tissue remedies given in the third trituration. Reviewing the history of the disease, its pathology and especially the prognosis, does it not seem rather chimerical to claim a cure for such a disease with a remedy of such seemingly inert properties? Tabes dorsalis is at times of rather slow progress. Its progress may be checked, but it is difficult to conceive how any remedy administered internally can restore the degenerated spinal tissue. We are rather inclined to believe there has been a mistaken diagnosis. We ought to be more careful in our diagnosis or less extravagant in our therapeutic claims. Medicine, we are sorry to say, smatters too often of rank charlatanry, and the physician only is too frequently to blame.—Ecl. Med. Journal..

THE SCOPE OF THE PHARMACOPEIA.

By Prof. John Uri Lloyd, Ph. D., Cincinnati, Ohio.

"It is a defect of all pharmacopeias published by authority that they never reflect adequately the medical and pharmaceutical practice of the periods which they are supposed to represent."—"The Pharma. Journal," May 21, 1904.

The foregoing extract from the "British Pharmaceutical Journal," London, is pertinent, and it carries much food for thought that, were it properly considered by many critics, would save the pharmacopeial committees a considerable amount of ill-advised criticism. The fact is that the pharmacopeia is a follower, and not an advance agent. It is to be expected, for example, that the Pharmacopeia of the United States will establish the qualities of the crude drugs that are in general use at the time the Pharmacopeia is issued, but not that it will introduce to members of the medical and pharmaceutical professions crude drugs that promise to become useful, or that have medical properties of value. The Pharmacopeia of the United States should give simple and reliable tests to determine the purity of the materials mentioned in the Pharmacopeia, but it is not to be expected that the Pharmacopeia will go out of its way to determine the purity of the infinite number in the annals of chemistry as having an existence. In-

deed, it is not within the province of the Pharmacopeia to cumber its pages with the details of classes of pharmaceutical preparations that are neither controlled by proprietary rights, or are secret in composition, or that have become established in medical practice under trade-mark names, regardless as to whether or not these preparations are of utility in medicine.

Let us take some examples bearing upon this subject in a general way. Forty years ago, the Pharmacopeia of the United States introduced the chemical, oxalate of iron, a compound so little used in medicine even then as to make of it almost a chemical curiosity. This I believe it to have been an error, altho it was said at the time that in the neighborhood of Washington, oxalate of iron was prescribed somewhat by physicians. That it was an error to thrust into prominence a local substance, and one that was futile in its results, is shown by the fact that oxalate of iron has never been of any general importance, and the cumbering of the pages of the Pharmacopeia with that substance accomplished nothing more than unnecessary utilizing that amount of space!

Take another, and a more conspicious example;—that in which the Pharmacopeia attempted to imitate a class of partly popular pharmaceutical preparations. I refer now to the powdered solid extracts that about twenty-five years ago, came into advertising prominence with certain pharmaceutical manufacturers. Had the Pharmacopeia given formulas and methods for making and testing powdered solid extracts, it would unquestionably then have served the interests of many pharmacists. But instead of doing this, the Pharmacopeial committee attempted to devise a line of imitations, or rather, of substitution products, in which the trituration methods of those employed in making milk sugar triturations, and the methods of the makers of powdered solid extracts were combined, the product being introduced into the Pharmacopeia under the name "abstracts," a name new in the professions both of pharmacy and medicine. As a result, these preparations were dead letters in the trade and in the profession. Never did they attain any conspicuity whatever, regardless of their qualities.

Perhaps in no more conspicuous way can it be shown that the Pharmacopeia is not an introducer of remedies than by referring to the fate of this class of "abstracts," which past from sight and existence when the succeeding Pharmacopeial committee threw that line out of the book.

Let us refer once more to the text that heads this article, and let us take exception to that word **defect.** In my opinion, it should be replaced by a better word, for in my opinion it is **not a defect** of a pharmacopeia to "reflect" the extremes or fadisms in medical or pharmaceutical practice of the date they appear, but to give under the authority of a body of qualified

and accomplished gentlemen a balanced work concerning the facts of pharmacy concerning general medicine compounds, chemicals, crude and pharmaceutical. Concerning tests and reactions, adulterations, sophistications of the principal substances that these qualified gentlemen broadly believe to be of general utility in the country at large.

[Taken as a general statement of principles, the above is correct. But so long as the Pharmacopeia will continue to ignore articles of a thoroly established character, so long will it remain a **terra incognita** to the physicians. You will not convince him to buy a book, which contains no information on articles which he is prescribing daily. How would it be to follow the Editor's suggestion and none on appendix to the Pharmacopeia? With the appendix we would not have to be so particular—we could include in it all articles whose status has not yet become thoroly established, those which seem to be becoming obsolete, those of a proprietary character, etc. The information would be there, and still the articles would not possess the prestige of being "official." Think it over, gentlemen. Editor.]

THE SEGNO SUCCESS CLUB.

Are you disheartened? Does success fail to come your way? Why, for a dolar a month, the Segno Success Club, of Los Angeles, Çal., will insure you success in all your undertakings. "Upon receipt of your application for membership, stating your age, sex, whether married or single, and the business you follow, the Secretary will send you full instructions for taking the treatments for the cure of non-success, and you will be notified of the date and hour you will be harmonized with the other members of the club."

And having mastered the Law of Mentalism you will be able to perform "what has heretofore been called miracles." This great law was discovered by A. Victor Segno. And it will cost you only one dollar a month tō belong to that club. And if you do it at once, you will get a two month's membership for one dollar! Do you still hesitate? Then you don't know a bargain when you see it.

And so the people are fooled and separated from their dollars. I wonder, how many fools responded.

VON PLEHVE.

In the death of Minister von Plehve the earth has been freed of its most malignant monster, its most pitiless, most cruel, most inhuman tyrant. One would have to search long in the pages of history to find a similar brute who so delighted in causing torture, desolation and death.

THERAPEUTIC ABSTRACTS, FORMULÆ ETC.

Atropine in Hemoptysis.

At the recent meeting of the A. M. A., Section of Therapeutics, Dr. H. C. Wood, and Dr. T. L. Coley opposed the use of atropine in hemoptysis on theoretical grounds, because it raised the blood pressure. The Editor, who opened the discussion on the Treatment of Internal Hemmorrhage by drugs, defended the use of atropine and in his contention he was supported by several gentlemen of long *practical* experience. The following report, which I have just come across, by Dr. W. O. Waltke, a very careful physician, (Med. Obosrenie Vol. 61, No. 2) possesses *some* significance Two cases of severe, obstinate hemoptysis. Morphine, ergot, hydrastis and various other remedies falled to produce any effect. Atropine was injected hypodermically in doses of $^1/_{300}$ to $^1/_{200}$ gr., and after the very first injection the hemorrhage ceased. As a precaution one injection daily was given for three days. The hemorrhage did not recur. The exhaustion of the two patients was extreme and the author is *firmly convinced that those patients owe their lives to the atropine*, as everything else had failed.

Adrenalin in Hay Fever.

The chief indications in hay fever are to check the discharge, allay the irritation that gives rise to the paroxysms of sneezing, reduce the turgescence of the nasal mucosa and relieve the stenosis. The single remedy that seems to meet these indications is Adrenalin (Solution Adrenalin Chloride and Adrenalin Inhalant). By stimulating the vasomotor supply it contracts the arterioles, and thus promptly and efficiently relieves all the annoying symptoms referable to vasomotor paralysis. By its powerful astringent action upon the mucous membrane, which it blanches completely in a few moments, it controls symptoms referable to a catarrhal inflammation of that structure. Indeed the results that have been accomplished with Adrenalin in this field alone are really remarkable. Parke, Davis & Co., have prepared a very complete treatise on the subject.

Freckles.

Freckles consist of deposits of pigment in the skin. Blondes freckle more than brunettes. The true freckle fades in winter and becomes more pronounced in summer. Children and young people are affected more than adults. We are sometimes asked advice in regard to their removal. We can do more in the way of prevention than of cure. The wearing of veils will prevent them to a certain extent, but is a nuisance Keeping the face constantly covered when outdoors with a lotion containing a pigment will also prevent them to a certain extent. A favorite prescription is calamine, 20 grs. zinc oxide 1 dram, glycerine 2 drams, aqua calcis 6 drams, aqua rosæ ad 4 ozs. There is little use in removing them as they will return. They may be faded out with peroxide of hydrogen, or removed by blistering the skin. The favorite blistering agent is bichloride of mercury, 2 grains to the ounce, applied on cloths until the skin reddens. It is then stopped and the old skin is allowed to peel off. This should be done a week or ten days before the patient wishes to appear in public. Usually brides apply for this treatment. A twenty per cent solution of resorcin in equal parts of alcohol and water applied three times a day, or pure carbolic acid, will accomplish the same end. Ointment of ammoniated mercury with ten per cent of bismuth subnitrate has a good reputation as a freckle remover.

Bites of Insects, Mosquitoes, Bees, etc.:

Ammonia Water..... 2 dr.
Eau de Cologne..... 6 dr.
Apply with cotton swab (Sure cure).

Poisoning by Rhus Toxicodendron (Poison Ivy, Poison Oak):

Stp. Nitrous Ether..... 4 ozs.
Apply frequently on lint and give also internally 10 min. every hour.

Spt. Nitrous Ether..... 4 ozs.
Solut. Lead Subacetate .....30 drops
Apply externally to the affected parts.

Sodium Bicarbonate..... 6 ozs.
Sodium Borate..... 1 oz.
Water..... 2 pints.
Shake well (the whole amount of the bicarbonate will not dissolve) and apply freely on cloths. Change frequently.

Fl. Ext. Grindelia Robusta.... 1 oz.
Peppermint Water..... 2 ozs.
Rose Water..... 6 ozs.
Apply freely on cloths and give internally 2 to 5 drops of the fluid extract every hour. Much larger doses may be given.

Lead Acetate..... 1 dr.
Tinct. Opium..... 1 oz.
Water ..... to make 1 pint.
Apply externally. (For mild cases only).

Ammonium Chloride..... 1 oz.
Spt. Nitrous Ether..... 2 ozs.
Water.....14 ozs.
Apply externally every hour.

Sodium Hyposulphite..... 6 ozs.
Water.....12 oz.
Apply freely on cloths.

Sol. Lead Subacetate..... ....M. XX
Menthol.....10 grn.
Petrolatum ..... 1 oz.
Cold cream..... 2 ozs.
Apply every three hours. The proportion of the menthol must be gauged by the sensations of the patient. To some it is very agreeable and cooling, and they ask for an increase of the menthol. In other cases of poison ivy the menthol is irritating.

Salicylic Acid..... 1 dr.
Lycopodium..... 2 dr.
Bismuth Subnitrate..... 3 dr.
Starch ..... 6 dr.
Apply freely, after the acute stage has somewhat subsided.

Starch ..... 3 dr.
Zinc Oxide..... 1 dr.
Magnesium Oxide ..... 4 dr.
Apply frequently with powder puff.

Each of the above formulas is good. But the best in our experience is the one containing spirit of nitrous ether and ammonium chloride.

Freckles:

Emulsion(Milk)Almond, U.S.P. 6 ozs.
Boric Acid..... 1 dr.
Apply frequently.

Emulsion Almond..... 4 ozs.
Corrosive Mercuric Chloride.... 4 grn.
Apply carefully every three or four hours.

Corrosive Mercuric Chloride.... 4 grn.
Bismuth Subnitrate..... 1 dr.
Zinc Oxide..... 1 dr.
Mucilage Quince Seed..... 1 oz.
Rose Water..... 3 ozs.
Apply frequently. An excellent preparation.

Sunburn:

Solut. Lead Subacetate..... 8 drops
Slippery Elm Bark..... 1 dr.
Rose Water..... 4 ozs.
Macerate a few minutes and strain. Apply frequently.

Hydrogen Peroxide..... 1 oz.
Rose Water..... 3 ozs.
Apply on lint on going to bed.

Hydrogen Peroxide..... 1 oz.
Glycerin..... 1 oz.
Rose Water..... 2 ozs.
Mercuric Chloride..... ½ grn.
Swab on three to four times a day.

Dr. H. S.—I beg your pardon. I never said that biogen was a "fake". In my paper in the J. A. M. A. I merely gave it as an illustration of the multiplicity of names; I consider the medicinal peroxides very valuable products.

BOOK NOTICES.

International Clinics. A Quarterly of illustrated clinical lectures and especially prepared original articles on treatment, medicine, surgery, neurology, pediatrics, obstetrics, gynecology, orthopedics, pathology, dermatology, ophthalmology, otology, rhinology, laryngology, hygiene and other topics of interest to students and praetitioners. Volume II, Fourteenth series, 1904. [J. B. Lippincott Company, Philadelphia. $2.00 per volume, cloth]. The reputation enjoyed by the International Clinics for the excellence of its reviews and original articles is too-well known and too secure to need additional endorsement. The contributions to the volume before us are of a particularly high character. Very little has been written in this country on Diseases of warm climates and this section will be studied with particular interest. The other sections deal with arteriösclerosis, cardiac valvular disease, neurotic asthma, bronchopneumonia in children, nasal obstruction, etc. There is also a section on surgery. The illlustrations and general make up are very good and it is somewhat of a surprise how such a volume can be sold at the low price of two dollars. We have never been guilty of indiscriminate laudation, and when we say that the International Clinics are more than worth the money, you may know that it is so.

* * *

The Diagnosis from the Eye. A new art of diagnosing with perfect certainty from the iris of the eye the normal and abnormal conditions of the organism in general and of the different organs in particular. By Henry Edward Lane M.D., with original illustrations. Kosmos Publishing Co., Chicago.—The sub tittle tells the story. We struggled honestly with that book, trying in an unbiased manner to learn what it was all about, but we came to the sorrowful conclusion that the author is—verrückt. If he really believes in all the absurdities promulgated in the book, it merely shows how silly an author can be.

* * *

Secret Nostrums and Systems of Medicine. A book of formulas. Compiled by Charles Oleson, M.D. Tenth Edition, revised and enlarged. Oleson and Co., Publishers, 35 Clark St., Chicago.—This volume contains the composition of hundreds of nostrums. It is not to be assumed that all the formulas are correct. In fact several formulas we know to be wrong. But nevertheless the utility of such works cannot be questioned. They give a stimulus to investigation and they frequently help the druggist and the physician to convince the laity of the fraudulent and exaggerated claims of the nostrum-manufacturers.

* * *

The Perverts. By William Lee Howard M.D., second edition. G. W Dillingham Company, New York. The characters in this book are gruesome, horrible, repulsive. We have not met such types and are glad we haven't. But if such types do exist, there is no reason why their photographs should not be presented to the intelligent public. Nothing is gained by throwing a cover over the ulcerating social cancer ; let us know what characters our "Civilization" is capable of producing. That such characters are not drawn from the imagination, the author tells us most emphatically. He says: "The characters in this book are not imaginary, but are drawn from cases taken from my notebook. Obviously, some are toned down and others polished up to suit the purpose of the story; but instead of being exaggerated, most of the characters have had some of their impulses kept within readable bounds". The book is a masterful study of dipsomania and other perversions by one who has made those subject a life-study.

Ovoferrin.

Dr. Nestor Tirard, Professor of Medicine, King's College, London, speaks in very high terms of the value of ovoferrin in certain forms of anemia. He says that the hemoglobin, in most casses, increases markedly within a short time of its employment, and synchronously there is great improvement in digestive power and in the general well-being. It is taken readily and is totally devoid of irritating or constipating effects. Clinical notes of seven cases from the author's wards are given in illustration (Practitioner, August).

MISCELLANY.

THE SANCTITY OF MATERNITY.

Those who take their obstetric bag to go to a confinement should remember the following words of him who sleeps beneath the shades of Auburn Hill. "It is as a lesson rather than as a reproach that I call up the memory of these irreparable errors and wrongs. No tongue can tell the heart-breaking calamity they have caused; they have closed the eyes just opened upon a new world of love and happiness; they have bowed the strength of manhood into the dust; they have cast the helplessness of infancy into the stranger's arms, or bequeathed it, with less cruelty, the death of its dying parent. There is no tone deep enough for regret and no voice loud enough for warning. The woman about to become a mother, or with her newborn infant upon her boson, should be the object of trembling care and sympathy wherever she bears her tender burden, or stretches her aching limbs. The very outcast of the streets has pity upon her sister in degradation, when the seal of promised maternity is impressed upon her. The remorseless vengeance of the law brought down upon its victim by a machinery as sure as destiny, is arrested in its fall at a word which reveals her transient claim for mercy. The solemn prayer of the liturgy singles out her sorrows from the multiplied trials of life, to plead for her in her hour of peril. God forbid that any member of that profession to which she trusts her life, doubly precious at that eventful period, should hazard it negligently, unadvisedly or selfish."

Have you ever heard of Dr. Ferni Rerchloridi? No? Well, that was meant for Tr. Ferri Perchloridi, and was given as one of the ingredients of preparing arsenic antidote (Eclectic Review, June, 1904, p. 162). Those who live in glass houses should throw no stones. The "Critic and Guide" has some pretty good ones occasionally, but it has never had quite as good a one as Dr. Ferni Rerchloridi.

DR. KEEN GIVES FIRST AID TO THE INJURED.

Dr W. W. Keen, of Philadelphia, has great repute as a surgeon. In New York, one winter afternoon last year, he saw a man slip on an icy pavement and fall heavily. He hastened at once to the poor fellow's assistance, and found that he had broken his leg.

Dr. Keen used his umbrella as a splint, and with his own and several borrowed handkerchiefs bandaged the broken limb tightly. As he finished his task the ambulance arrived.

"You've bandaged this rather well," the young blue uniformed ambulance surgeon said to Dr. Keen.

"Thank you," said the other.

"O, not at all. I suppose," the youth assumed, "that you have been reading up some 'first aid to the injured' treatise, eh? They say a little learning is a dangerous thing, but, really, the little you have learned about surgery you have put to good account. Give me your name and address and I'll forward your umbrella to you."

"I'll give you my card," said Dr. Keen. He did so, and the young surgeon flushed as he read upon the card the name of the greatest of modern surgeons.

[The occurrence is a very interesting one, but it has one fault; it never happened.]

THE DIFFERENCE DEFINED.

Rondeau.

"I can't conceive," she archly cried,
Wherein you men can longer pride
Yourselves from female rivals free.
For surely we have grown to be
Your peers in ev'ry human stride.
It is a truth that none dare hide;
Yet why you men will not agree
To recognize the new decree
I can't conceive.

"Now, entre nous, won't you confide
And tell me true, all jokes aside,
What difference the world can see
Between your manly self and me?"
"To tell you truly," he replied,
"I can't conceive."

ADVERTISING BOTH HOUSES.

It is a peculiar belief among the youngsters of many families that the new baby sister or brother is a gracious gift of the family physician, and this belief is generally based upon the solemn assurance of papa and mamma, who have to tell some fairy story in order to tide over these events that occur occasionally in the best regulated families. Now and then a boy takes the law into his own hands and makes a mess of it. The young son of a well-known tailor and the young son of a well-known doctor were very chummy, and the former accompanied the latter one afternoon on an advertising expedition. The advertising was done by means of a paint brush being quickly traced over any smooth piece of wood or stone encountered, and called upon the male population to purchase their trousers from Brown. Well, in the evening the doctor's hopeful returned, and his paternal derivative asked him what he had been doing during the day.

"Advertising," quoth the boy.

"Advertising whom?" inquired the father.

"You and Mr. Brown (the tailor)."

"Me?"

"Yes."

"How did you advertise me?"

"Oh, we fixed up a sign that said, 'Buy your trousers from Brown and your babies from Dr. Jones,'" said the boy, calmly.

The doctor gasped for breath, thinking that the boy was having undue fun with him, but he soon found out that his hope and joy was telling the truth, and it cost him money the next day to go over the boy's route and rub out all the advertisements.

THE MEASUREMENTS OF SCIENCE.

Dr. Carl Snyder has demonstrated, in a magazine article, that the sensitiveness of all human organs seems very gross indeed, as compared with that of the implements of a present day laboratory. We think of the eye and the ear as marvels of mechanism. However, a photographic plate, coupled with a telescope, will discover millions of stars whose light the retina does not appreciate; and the microscope, with its revelations of the world of the infinitely small, *evidences* and comparative crudeness of the human sense of sight. The ear hears but little of what is going on about us. The microphone makes the thread of the fly sound like a tramp of cavalry. Our heat-sense is very vague; we cannot realize a difference of temperature beyond one-fifth of a degree. The barometer, however, an instrument 200,000 times as sensitive as the skin, will note a difference of a millionth of a degree. A galvanometer will flex its finger at the current generated by simply deforming a drop of mercury so as to press it out of a spherical shape into that of an egg. The amount of work done by a wink of the eye would equal 100 billions of the winks marked on the scale of a very delicate instrument; even this performance, however, is far surpassed by the "coherers" of Branly, of Paris, by which the Hertz waves of wireless telegraphy are caught in their pulsings through space. The range of impressions which we get from lifting an object is very small; an ordinary chemist's balance is some 20 million times as sensative. The latter will weigh down the 200th part of a milligram.

Without such instruments as these we should know very little of the world about us. With them we have come to know a great deal. They make it evident that "our sense gives us reports only of a comparatively small number of comparatively gross stimuli."—"Medical Times"

Join the American Association of Physicians and Surgeons. Membership fee, including elegantly engraved certificate, two dollars. Remit or write for particulars. Geo. Hamden, M. D., Water Valley, Ark., or 3422 Indiana avenue, Chicago.

The above ad. has been running for quite some time in several fourth rate medical journals. There is only one association, and that is the American Medical Association. This would-be "association of physicians and surgeons" is a fake.

Though Man a thinking being is designed,
Few use the great prerogative of Mind;
How few think justly of the thinking few,
How many never think who think they do.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. SEPTEMBER 1904. No. 3.

DEFINITION OF THE WORD FAKIR.

Dr. S. L. S., Philadelphia.—It is true, as you state in your pamphlet, that the original meaning of the word "fakir" is a Mohammedan religious mendicant; but language, you know, is a growth, and the word fakir has now a much wider meaning. *It is now applied to mendicants and beggars* of any sort, of any religion or nationality, who, unable to make a living in a respectable manner, proclaim themselves "chemists," put up fake mixtures, which they offer to the medical profession as new discoveries, have laudatory articles printed about them in corrupt journals and live parasite-like on the physician, the pharmacist and the public. *Comprenez-vous?*

LIQUOZONE—A TYPICAL PATENT MEDICINE FRAUD.

Several months ago (C. andG., April), I stated, in reply to a query, that liquozone was nothing but a solution of sulphurous acid. The extensive advertising done by the proprietors of this stuff and the extravagant fraudulent claims made for it demand that this preparation be given some editorial attention. We will say then, that this patent-medicine is one of the worst frauds foisted upon the public; it is a fraud from beginning to end; all its claims are fraudulent and it is the duty of every physician and every pharmacist to expose that fraud. It sells at 50c. a bottle, and it costs about ½ a cent a gallon to manufacture. It consists of nothing but a little sulphurous acid gas (sulphur dioxide, SO_2) dissolved in common drinking water. Analysis also shows it to contain variable quantities of sulphuric acid (oil of vitriol) and traces of hydrochloric acid. But the sulphuric acid is undoubtedly due to the gradual oxidation of the sulphurous acid, while the traces of the hydrochloric acid are due to the decomposition of the chlorides of the water by the sulphuric acid.

It is thus seen that Liquozone is merely a new name for the old humbug Radam's Microbe Killer, which died an ignominous death and could not be resusscitated under its old name. I repeat it is the duty of every physician, every druggist and every intelligent man to expose this arrant humbug and to prevent the public from throwing their money away on a useless, and in many cases injurious, nostrum.

Note to the Pharmacists of the United States: It is your duty, as it is to your interest, to discourage the sale of nostrums, especially of the liquozone kind. Thousands of people were prevented from becoming Peruna fiends, by the druggists cutting out our Peruna editorial and pasting it in their show cases or windows. *Do the same with this editorial.* It will save you a run on liquozone.

I-O-D-O-M-U-T-H.

Dr.S. L. Summers, founder of the Liberty, now the Organic Chemical Company, discoverer of the "wonderful antipyretic alkaloid extracted from carbolic acid," yclept thermol, and of other wonderful synthetics made in Philadelphia, waxes wrathful because I stated that his iodomuth did not contain any iodine. "It has been falsely stated that iodomuth contains no iodine, by a critic who had the effrontery to state," says he in his advertisement in the Therapeutic Review. "Test the falsity of the statement for yourself. You will understand the motive," etc., etc. And in spite of your simulated indignation, Dr. Summers, you well know that I was correct in my statement. In the sample of iodomuth which I analyzed no iodine was demonstrable, and none was demonstrable, *because it did not contain any!* Not a trace! Neither strong HNO_3 nor chlorine would liberate any. Your products as manufactured at different times, differ materially in their composition. You well know that you refused to make an affidavit that your thermol of the present day is the same as it has always been. You said "its present composition is a little different." Well and the same is the trouble with iodomuth. It is possible and probable that the present iodomuth contains iodine—IT DID NOT CONTAIN ANY THEN!

And suppose your present iodomuth does contain iodine: of what therapeutic value can it be, if in order to liberate it, one must, as you state yourself, dissolve it first in nitric acid? How would you expect it to liberate its iodine, when applied to a wound? Or must the wound first be saturated with nitric acid? The newer organic derivatives of iodine intended for external use liberate their iodine readily, without the aid of nitric acid. And I think your iodomuth—well, suffering humanity could very well get along without it. As a matter of fact, I don't know a physician in New York who is using it. And your repeated assertions that your products are feared by some foreign competi-

tors is the tiresomest, silliest, trashiest rot that one can imagine. Give the profession a rest. Give us something new.

THE THERAPEUTIC REVIEW, DR. H. C. WOOD, JR., AND THE ORGANIC CHEMICAL COMPANY.

At Atlantic City, at the last meeting of the American Medical Association, where the time not occupied with scientific discussions and entertainments was generally devoted to "friendly" gossip—I heard for the first time that Dr. Summers was financially interested in the Therapeutic Review, edited by Dr. H. C. Wood, Jr. I paid little attention to the matter then. Here in New York, however, I was told as a fact, that Dr. Summers *owned* the journal and that of course its chief purpose would be to boom the products of the Liberty or Organic Chemical Co. Two prominent physicians asked me to comment editorially upon the fact that the son of a rich and prominent father should undertake the editorship of a journal owned by a proprietary medicine company, a journal whose ultimate aim *could not* be the dissemination of true scientific knowledge. Before commenting adversely or otherwise I wrote to Dr. Wood, asking him for his version of the matter. Here is his letter, which I reproduce verbatim:

My dear Dr. Robinson:—In reply to your letter of July 26th, I will say most emphatically that the Therapeutic Review is *not anybody's* organ. The Columbia Press is a company incorporated under the laws of Pennsylvania. While it is true that Dr. Summers is financially interested in the Columbia Press, he has no more say over what goes in the reading columns of the Therapeutic Review than have you, or any one else except its editor. I should certainly not consent to edit a journal over whose reading columns I did not have absolute control.

Yours truly, Horatio C. Wood, Jr.

That settles it. I take Dr. Wood's words as final. There is not the slightest ground for questioning the truthfulness of Dr. Wood's frank statement. An examination of the seven issues of the Ther. Review that have appeared so far will bear Dr. Wood out. The journal contained several abstracts on iodomuth, etc., but in a journal devoted largely to abstracts this may be perfectly legitimate.

There is one question, however, to which I can find no answer. Why should Dr. Summers and other manufacturers be interested in having a journal of their own, and why should they be interested in keeping the true ownership of the journal secret? As a money-making venture, a journal per se is of course an absurdity. Dr. Summers does not expect to make any money *directly* out of the Therapeutic Review. In fact, he expects to lose some. So why does he do it? He must expect to recoup his losses some way—What is that way? What are the ulterior aims and objects? Qui vivra verra.

WHY I DID NOT READ A CERTAIN CIRCULAR.

Dr. Summers: You ask why I read the phenalgin circular before the section of Materia Medica and Therapeutics and not yours. Well, I'll tell you why. The phenalgin circular was clean, able and witty. Tho directed against me, still I enjoyed it as much as anybody. Your circular, on the other hand, is merely an aggregation of abuse and filth. Nature did not endow you with the saving grace of humor. No, I would not think of insulting the Section by reading your circular in public. The stench from it could not be masked with a pound of iodoform or—two tons of fraudomuth (or is it iodomoth?)

Trypanosoma is now pretty generally conceded to be the cause of Sleeping sickness. I wonder that some genius has not yet attempted to obtain and exploit a trypanosoma extract as a cure for insomnia.—No charge for the suggestion.

DR. SUMMERS BILLINGSGATE.

I said I would compel those hypocrite-fakirs, who prey upon the medical profession, to unmask and come out in all their nakedness and brutality. And I have succeeded. That amateur-bungler, Dr. Summers, blistered all over—poor fellow—by the X-ray exposures of the CRITIC AND GUIDE, has come out with a pamphlet, entitled The Guide to the Critic, in which, utterly throwing off the mask of gentlemanliness, forgetting that he once belonged to an honored profession, he indulges in such billingsgate, in such foul language, as would put to shame any Bowery gent, any resident of Cheapside. The pamphlet is in reply to my editorial in the July issue. But is there a single question answered? Not one. I presented nine distinct categorical questions—and every one is evaded. If I had been wrong, it would have been so easy to come out with categorical answers! Instead there is a jumble of abuse, cusswords, questions as to what my price is, etc., etc. In fact, much of the stuff is so unintelligible, so disconnected, so utterly "neither here nor there," as to make one fear that it was written by a paranoiac—paranoiac in the first stage, but paranoiac, nevertheless. Savage anger is a dangerous thing, S. L. S. It leads occasionally to the lunatic asylum— or to apoplexy.

My 175,000 May edition is rankling in the hearts of the fakirs. They can't get over it. They tried to stir up the Post Office authorities in Washington—but were told to mind their own business. Well, I am going to do it again and again, and in the near future that number will be our regular subscription list, so that we will have to send out no sample copies at all. As to Dr. Summers' statement that I printed two editions of the May number, one on good paper and one on poor paper: what relation that has to the fakiness of his products, I don't know. But whoever makes that statement is an unmitigated liar. One edi-

tion of 175,000, absolutely identical in every respect, was printed. But so great was the demand for that number, and so many new subscribers did we get in, that we were obliged to print another small edition. But that was *above* the 175,000, and therefore nobody's business.

MEDICAL BOARD EXAMINER BOOMING NOSTRUMS.

The following facsimile letter is sent out by the Detroit Alkaloidal Company:

State University of Iowa.
Medical Department.
Charles A. Schaeffer, Ph.D.,
President.

Office of
J. C. Shrader, A.M., M.D., LL.D.,
Professor of Obstetrics and
Gynecology.

Detroit Alkaloidal Co.,
Detroit, Mich.,

Gentlemen:—

I enclose draft for five dollars for more Pil. Vitonans. Please send as soon as possible as I am in need of them.

I have been using a number of your remedies and am well pleased with them, getting prompt and decisive action and rendering such signal service that I am using them daily in my practice Truly yours, J. C. Shrader.

P. S.—I have on the enquiry of a Doctor in Chicago, a friend of mine, recommended the use of Pil. Vitonans in impotency. I have had good success with it in senile weakness—never found its equal.

Dr. Shrader is also President of the Iowa State Board of Medical Examiners.

I promised myself not to get excited and take things easy. But isn't this beautiful? A professor of obstetrics and the president of the State Board of medical examiners advertising an impotence nostrum! Is it any wonder that insignificant little doctors yield to the temptation to write a testimonial for a five or ten dollar bill?

WHO IS MORE SINNED AGAINST: THE DOCTOR OR THE DRUGGIST? TWO VIEW-POINTS.

An editorial writer in American Medicine has relieved his feelings in the following manner: There are in every city and village drug stores, says he, that can only be called pharmacies by a stretching of the meaning of the word beyond the recognition of etymologists. So far as concerns business, the drug part is a ludicrous fraud made up, as the articles on sale are, of a homeopathic dose of genuine drugs and a huge oceanic mass of the "menstruum," of soft drinks, bric-a-brac, china, silverware, and everything conceivable and inconceivable that will sell. Looked at from the professional aspect of the physician, these stores fill their windows, advertising spaces, newspapers,

and bill-boards with advertisements of every nostrum which cupidity and quackery can devise, all in sharp competition with the physicians who are supposed to patronize them. And not content with this, these concerns rival the businesses of the nostrum syndicates by manufacturing the "same kind" of concoctions themselves all "cheaper and better." Still not satisfied with killing the doctor in these ways, they prescribe for any ailment the self-treater may describe, mix the dose and give it in "fruit-syrup" soda-water, to the walking patient. From the standpoint of the temperance reformer and the citizen they also enter into competition with the saloons, and under the name of "bitters," "cough-cures," and all that, they sell the vilest of alcohol under the name of medicine. And we all submit, perhaps patronize! What a farce and a disgrace!

And here is what the Clinical Review, another high-class medical journal, says in reply to the above editorial:

That is one kind of a drug store; or rather that is one way of looking at the average drug store, and it is an intensely narraw, one-sided view.

Let us consider for a moment what the ordinary drug store is to the average, every-day general practitioner. It is first of all a general intelligence office as to the whereabouts and availability of the doctor. In thousands of instances, and over and over again, daily, in each instance, the popular drug store is a very great aid to the one, two, or half-dozen physicians who make it more or less a central point of activity. Some drug stores are never closed, and therefore are sought at all hours by those needing medical aid for they know that thus they can get into communication with some doctor with the least possible delay. In this manner the druggist and his corps of assistants act as couriers—so to speak—for the doctor, bringing him into relation with the suffering one.

In almost innumerable cases, and for many years, the friendly druggist has been a comforter to the struggling young doctor trying to get a foothold in his life work. Many a doctor has had to thank the drug store for introductions, for advice, for credit, and even for shelter.

The drug store allows the doctor a liberal discount on all purchases; extends free telephone and messenger service; acts as receiver of messages at all hours of the day and night; cashes checks or makes temporary advances of ready money oftentimes; and in many ways not permitting of detailed mention, is an aid deserving of praiseful appreciaton.

It is puerile to condemn the druggist for some regretable conditions that are many times forced upon him by circumstances that he neither creates nor controls. He is the servant of his community, and the helpful friend of many a hard-toiling doctor—and perhaps of many very ill-deserving of his friendship.

DONE WITH THE ORGANIC CHEMICAL COMPANY.

The object of the CRITIC AND GUIDE is to do good by exposing the frauds and humbugs wherever found. It is not against any special concern, and we would like it much better if we could accomplish our purpose, without mentioning any specific names. But as we have shown in a previous editorial, this is impossible. You *must* be specific, if you expect to obtain results. But as a rule, we cannot refer to a firm more than once. We do our duty by giving one exposé, and we cannot be expected to keep on harping on the products of one firm all the time. First, space is limited and second by recurring repeatedly to the products of one company, the impression might *volens nolens* be created that we have some special animus. When we did refer to any one company more than once, we were forced to do so by the tactics of the manufacturers themselves, who either tried to befog the issue, or printed scurrilous circulars about us, etc.—I would have forgotten by this time about Dr. Summers and his company, if he had not attempted to kick and foam and bite at my absolutely correct analyses and incontrovertible statements. But I have already devoted more space to him than he and his company are worth, *and I am done* with him. He is not better and not much worse than hundreds of others, that are living on the medical profession, and the circumstances would have to be extreme indeed, that would induce me to again refer to him or to his products.

THE MEDICAL MIRROR AND THE PHENALGIN CO.

The Medical Mirror is dying. Slowly but surely dying. The *June* issue made its appearance in New York on the *25th of July.* Now if the June Medical Mirror made its appearance at the end of July, how could the fakirs be distributing a circular on *June 6th,* crediting same circular to "Medical Mirror, June, 1904"? How could they know what would be published six or seven weeks later? The solution of the riddle is simple. The fakirs, who seem to have taken possession of the journal, sent in that circular and they knew that the journal would not dare not to print it. So they were safe in crediting it as above. Of course, they could not foresee, that the June issue would be extraordinarily late in seeing the light o'day.

I said before that the fakirs seem to own the journal now, and of those the phenalgin people own the greatest share. In the June issue those people have, besides their page ad., the following "articles": The Trail of the Pharisee (referring to your humble servant, Dr. Wm. J. Robinson), Notes on the Atlantic City Meeting (curiously printed under Clinical Notes, and again referring to my humble self-See July Critic and Guide), A Note on the treatment of Sciatica, New Malarial Treatment, and Browsing on last year's grass. How is that for reading notices

about *one* article in *one* issue? Each of those articles occupies from half a page to a page and a half. And here is an extract from the last named article, showing the fine style and respectful language which the Phenalgin Company empolys in addressing the medical profession:

"Yes, dear old long ears, while you have been browsing on last year's grass and your patients mayhap browsing along the breezy banks of the Hereafter; these assertions, made by us ten years ago, have stood firm as a rock, unchallenged by hundreds of thousands of the world's physicians in every clime; whose daily use of Phenalgin would be the greatest calamity the world has ever known, were some of your deductions correct. Go on, you delightful old ruminant, chewing the cud of "last year's grass," feed your patients on the dried mummies of the past; while the wide-awake, scientific physician of the present delves into the mystery of life and death, ever alert with ready brain to put aside the "Grim skeleton hand," whose index finger may be all unseen by those whose eyes are turned towards "the pastures of old knowledge" where, under the gray and sterile sod, may lie many of their mistakes."

How deep! How delicious! How delightful! Here up in the Kaaterskill it feels quite chilly to-night, and I thought of going to bed, but the perusal of this beautiful sermon inspired me and warmed me up so, that I am ready to sit up and write for three or four hours more, to the intense disgust of my next door room neighbor, who has already mildly grumbled a half a dozen times at the swift and rather loud scratching of my pen.

THE BRUTALITY OF THE LAW IN PREGNANCY FROM RAPE.

The following letter appears in the Journal of the American Medical Association (Aug. 6):

To the Editor:—Please answer in the next issue of THE JOURNAL the following question, kindly withholding from publication the name and place: Is the production of abortion unjustifiable or illegal in a pregnancy resulting from rape? In the case in mind a young girl, 16 years old and of unquestionable reputation, was drugged, and while in an unconscious state criminally assaulted. She was found still in a semi-unconscious condition and has no recollection of the deed, but the results of an examination by myself at the time (an examination both of her person and microscopically of the vaginal contents and of stains on her clothing) showed conclusively that coitus had been effected. The act occurred directly following her menstrual period and present indications point to a probable pregnancy.

And to this the editor gives the only answer he could give, namely, that the "enormity of the crime of rape—even if a preg-

nancy be thus forced on an innocent girl—does not justify murder. This is law."

Just think of the brutality and stupidity of the law in this instance. The committer of the crime is a scoundrel of the lowest type, saturated with the lowest vices. And the innocent girl, an unwilling party, is compelled to bear the fruit of that wretch for nine months, give it her life and her soul. Supposing she bear the child to term—what kind of a child is it likely to be—conceived in brutish passion on the father's side, in a drugged condition on the mother's side, and carried with hate and curses during the entire period of gestation? No. This particular law is a wretched piece of injustice. We all admit that we had some pretty contemptible laws a hundred and two hundred years ago. Why not admit that we have some barbarous remnants now? The really *moral* thing to do in a case like the above is a thoro aseptic cleansing of the uterine cavity at the earliest feasible moment.

THE CORSET AND THE INTELLECT.

The corset has so few apologists and so many detractors now-a-days that it is positively refreshing to find a man—and a physician at that—to come out in defense of this so often maligned article of the feminine toilet. And believing as we do in hearing both sides of a question, we cheerfully present Dr. Benedict's defense of the corset. Dr. Lucy M. Hall recently published statistics in the "Outlook," which seemed to demonstrate that the wearing of corsets had an inhibitory influence on the brain function. The young women of a graduating class of an eastern college made the following showing:

	Corset wearers.	Non-Corset wearers.	Total.
Honor students	5	13	18
Commencement participants...	1	6	7
Class day orators.....	1	4	5
Prize essayists	none	all	

Dr. Benedict—A. L. Benedict, of Buffalo—says in the Medical Times that this proves nothing. He is rather inclined to believe that this is putting the cart before the horse. He would not insinuate that the wearing of a corset indicates deficiency of intellect but that those women who are adapted to the average feminine life, naturally follow the habits of dress of their social stratum, while those who have literary and scientific ambitions beyond the average of their sex, are disposed to cut loose from such restraints. Indeed, he says, we may go further and say that the discarding of corsets and the adoption of certain rigid styles of dress are just as much an affectation or following of a fashion as the use of the ordinary articles of wear. Precisely

Milton, in his exquisite voice, thus describes a mental trait of our distinguished ancestor, Adam:

"This woman whom thou madest to be my help,
And gavest me as thy perfect gift, so good,
So fit, so acceptable, so divine,
That from her hand I could suspect no ill,
She gave me of the tree I did eat."

History repeats itself! Let women to-day consult us for the relief of sterility, and man says "it is the woman's fault." Before I have finished with him I shall state facts which should cause the cheeks of this miscalled "lord of creation" to blush, since it is on his shoulders that the blame for the vast proportion of sterile marriages lies, and this is tantamount to "race suicide."

The laity do not realize, and we, as physicians, do not lay sufficient stress in our teaching, on the preponderating influence played by man in the causation of sterility in woman. Ruling out the deformities or the malformations of the male genital organs which deprive him of the power of doing his share in the act of procreation, let us consider man as fully endowed with the power, and next consider the manner by which he deprives himself of the power. And further, let us never forget that the faculty of performing the sexual act by no means entails the ability to pro-create. Thus then, in laying the onus for the greater proportion of "race suicide" we acquit a fair proportion of males who are impotent through no fault of their own. Possibly the mumps, possibly the acute exanthemata have reacted to such an extent on the seminal vesicles as to have deprived them of function. In about six per cent. of sterility in woman, the etiological factor is man possessed—perhaps—of the power of performing the sexual act and yet lacking the elements which are essential to fecundation. Examination of the semen will at once rule out this small class from the wearing of the onus of blame. Such men we can but pity. The disease which enters chiefly into my argument to-night, as the main factor in the production of "race suicide," is of a different type, since it is acquired deliberately on the part of man—too often, under our present system of education, because man has never been properly warned in regard to its untoward consequences on woman, should he enter the state of matrimony.

It is only on reflection and close consideration that the physician realizes the extent to which gonorrhea is responsible, not alone for "race suicide," but also for disease in woman and for blindness in the child. To speak alone of sterility—it has been estimated that nearly 60 per cent. of males have gonorrhea, either acute or latent, and you will recall in the latter respect how cogent to-day is the conclusion reached over a

quarter of a century ago by Emil Noegerrath which, in his time, called largely for derision. Nearly 45 per cent. of sterile marriages are traceable directly to gonorrhea. To strike an eminently fair average, in case of sterility, man is at fault in about 20 per cent. This is a percentage based on direct sterility. When we consider the diseases of woman which are traceable to gonorrhea—such as those which involve the tubes, the ovaries, the uterus, and thus interfere either with insemination or with the progress of pregnancy, a fact which in the end amounts to sterility, the percentage of blame attachable to the male rises greatly. I venture to state that it is a fact familiar to all of those present, that were it not for the operative work derivable from abdominal sections performed for disease of the uterine adnexa due to gonorrhea, 60 per cent. of this work would be uncalled for. Thus, in salient figures, appears man's role in the production of "race suicide" from the standpoint of gonorrhea.

It will be of moment to interpose here a few words in reference to another coccus which man frequently injects into woman with the result of adding to his already heavy burden of blame for "race suicide"—I refer to the coccus of syphilis. This coccus, whether acquired innocently or not, renders woman incapable, to the fullest extent, of performing one of the purposes for which marriage was instituted—the propagation of the human species. The role of syphilis is not by any means as marked as is that of gonorrhea, since the germ of syphilis is not so apt to prevent conception. Woman conceives, but, as a rule, she miscarries, and this, to all intents, amounts to sterility. Therefore, it has become the rule among us, that when a woman is sterile, for the reason that she has never born a child to term, we investigate the man's record.

In short, sterility in woman dependent on disease of uterus, tubes or ovaries, may in about 50 per cent. of the instances be settled by saying: "Ask the man," and he is the so-called lord of creation, strutting about after a fashion which should make the peacock blush. Of all the animal creation he shows the least regard for his mate in that he inserts into her system germs which not alone render her incapable of performing that function so dear to every good woman's heart—the bearing of children, but also implants in her diseases which in the course of time sends her to you and to me for operation. I have dealt with man harshly, and yet, poor devil, it is not always his fault. Owing to our utterly inadequate educational methods in matters sexual, owing to the bated breath under which the words gonorrhea (clap) and syphilis (pox) are spoken by fathers and by mothers and by educators and pastors and legislators and, far too often to their shame, by physicians, the youth of our land enter into the nuptial contract utterly ig-

norant of the consequences, to the woman they have sworn to guard and to protect, of an uncured gonorrhea or syphilis. This is where our responsibility as physicians and as gynecologists rests to-day. This is the problem facing us—the education of the laity in regard to the significance of these scourges, these social evils, these causes of "race suicide." I have endeavored to show that man is responsible for sterility in woman in fully 50 per cent. of instances. Could a nobler work be performed by us than to start a crusade—and not, as in the past, a silent one—against these diseases which are responsible for "race suicide," in its true sense, through the incalculation of knowledge in the minds of parents and the laity, as a body, in reference to the necessity of instruction of the young man as to the risks he runs personally, should he acquire them, and as to the risk he subjects the woman he marries should he carry them to the nuptial couch? Should we, through our moral influence along these lines,—and the only possible lines, be enabled to exterminate the gonococcus, preventive medicine would make the greatest of all strides, and yet we, the operative gynecologists, would be deprived of nearly 60 per cent. of our work! Woman, however, would be the gainer, the human race be immeasurably increased, "race suicide," as an opprobrium, would cease to be spoken of, and the unselfishness of the true medical man would again stand strongly in the foreground.

From the present standpoint, man is not the "lord of creation," but the "exterminator of the species." Kill the gonococcus by teaching man the danger to woman and to the species should she acquire it, and then man returns to the condition he is pictured as having been in before Eve tempted him with the apple and he weakly said to his Maker: "It is the woman's fault." The average Eve is ready to procreate; the average Adam is unable—chiefly because of disease acquired in ignorance of its foul sequelæ.

Would we tolerate the entrance into our homes of a man the victim of smallpox? Should we tolerate his entrance with great pox? The day is not far distant, should we do our duty along educational lines, when fathers and mothers will require a clean bill of health from Adam before he is allowed to defile Eve. In any event, Eve is entitled to know the consequences of mating with a foul Adam. When this devoutly to be hoped for day arrives, there will be in the land fewer Rachels weeping for their children, and not to be comforted, because they are not.

As I have reiterated above, according to my light, the solution of our problem lies in education. Prostitution—the social evil, is responsible to the greatest extent for the dissemination of gonorrhea and of syphilis. In the toleration of this evil by

society too much stress has been laid upon woman's part in dissemination and too little on man's. As has been customary with the latter from the beginning of the world, he points the finger of scorn at woman, he abets woman in the making of the prostitute the social outcast, and yet, were it not for the solicitations of the man, for his untrammeled licentiousness there would be few prostitutes. It is time that there should cease to be recognized a different code of morals for man and for woman. That which is wrong in woman is equally wrong in man, and in face of the diseases under consideration the man is the chief offender and the finger of scorn should be first aimed at him. The starting point in the crusade should be the inculation of this fact into the minds of the laity, and for this we need a new and a radical system of education.

Segregation of the female prostitute, licensing, these and other measures have been tried and without avail, because, much as we segregate her, the male prostitute is in nowise restrained and exercises his prerogative of making new female prostitutes. The sexual instinct is a God-given instinct, its purpose being the perpetuation of the species. Man, largely through ignorance of the calamities following the misuse of this instinct, has converted it into one of extermination of the species. Ignorance being at the bottom of his folly, it follows that man, at the age when his instinct is established, should be educated in reference to its purpose and also in regard to the consequences if the instinct be misused. In how many families, not excepting that of the physician, is the pubescent youth instructed by his father or by his teacher in regard to sexual matters, which not alone concern him deeply but chiefly the woman—pure in every sense until he defiles her? The crusade of extermination, therefore, of these "race suicide" diseases, should begin in the family, and where more fitting place than in the family of the physician, the man who above all should be an exemplar in the matter under consideration? I take it that the average young man approaching puberty is not foul at heart. He has the making of the libertine in him, however, if he be turned loose to graze without the halter. Bridle him well through education in matters sexual, and I believe that at least one-half of the present percentage of these foul diseases will disappear. There remains the born libertine! the man who will not be educated! the type of man who glories in his conquests and boasts of the number of times he has had the clap. This man will continue to make prostitutes, this man will continue to befoul woman, and for him repression is the remedy. The laity is being educated in reference to the methods for the prevention of the dissemination of tuberculosis, educate similarly the laity in respect to these social diseases. In time there will arise in the land a loud cry calling for the

suppression of the professional libertine, if need be by laying the strong hand of the law upon him. If you cannot appeal to the reason of such an animal, you can always appeal to his fear. These views may appear Utopian and I grant that to attain them calls for the shaking off of many a shackle handed down from ages. More difficult victories have been won, however, firmer bonds have been broken, and all other means having been tested and having failed after a most lamentable fashion, legislation must finally be invoked to check "race suicide" as we, the gynecologists, view it. Yet another phase, and this is the education of the young girl. We teach our daughters at the marriageable age the risk they run should they mate with the drunkard; we endow them with all the knowledge and the graces which enable them to shine in whatever social sphere they may be called upon to enter, yet, we tell them nothing about their sexual life and do not warn them against marriage with the libertine. Why should we educate the boy and not the girl? It is on her shoulders that shall lie heaviest the burden of infection. It is she who will weep for the children she lacks because of the foulness of man. It is her inherent right, therefore, to be educated in matters sexual, that she may avoid the rocks which otherwise her health and her life will strand upon. Nowadays, when the old-fashioned family doctor, the friend and the counselor of the family from birth to old age, has been eliminated, the gynecologist, in matters sexual, must take his place, and here within your grasp lies another victory to be won, another jewel to be placed in gynecology's crown. Of necessity you are brought the closest to the woman, and it is your right and your duty by dropping an advisory seed here and another there to open her eyes to facts which otherwise she may not learn. The sexual hygiene of woman extends even to the nuptial couch and we may properly tell the girl through her mother, or directly, that the man she is about to mate with should be required to submit a clean bill of health, lest all the voyage of her life be bound in shallows and in miseries. But this infringes upon the so-called professional secret, and here is another shackle to be broken. Let the laity look upon these diseases in their true light—as scourges to the race, fouler far than smallpox, than yellow fever, than diphtheria, and the laity will promptly place them in the same rank and be ready to join us in stamping them from off the earth, and the code of secrecy shall no more apply to the one than to the other.

116 West Seventy-sixth Street.

Subscribe for the CRITIC & GUIDE!

A TREATISE

ON

Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Contiuation*)

166—Iodoformi.....3j
Ol. Olivæ.....ʒij
Aquæ H_2O_2.....ʒij
Pulv. Acaciæ.....q. s.

This prescription is incompatible. The iodoform being dissolved in the oil, the peroxide reacts on it with the evolution of iodine. Impurities in the fixed oil will also sometimes cause the liberation of the iodine.

167—Zinci Sulphatis.....gr. xviij
Bism. Subnitr.....ʒss
Aq. Hydrogenii Peroxidi.....ʒiij
Aquæ.....ʒiij

I have tested the action of $ZnSO_4$ and $BiONO_3$ on the peroxide, separately and in combination, but found no decomposition; consequently, this prescription may be considered compatible.

168—Hydrogenii Peroxidi.....3vj
Bals. Peruviani.....3ij
S.: Apply with camel's hair brush.

At first no deterioration in the strength of the peroxide could be detected. On repeatedly shaking it, as is always necessary before applying it, the peroxide will become weaker, but then H_2O_2, even if shaken by itself, without any foreign substance, will become partially decomposed into water and oxygen.

169—Hydrogenii Peroxidi.....
Tr. Arnicæ.....
Ext. Calendulæ Fld.....
} āā 3ij

This prescription was presented to me for analysis. After the mixture stood for some days I tested it for the peroxide by applying some to a pus cavity, and by the potassium chromate and ether test, and found no appreciable diminution in strength.

170.—Cupri Sulphur.....3j
Natrii Bicarbon.....3j
Aquæ.....ʒij
S.: Apply with brush to ulcerated surface.

This prescription is absolutely incompatible, and the druggist would do the physician a kindness by leaving out the sodium

bicarbonate. It is seen at once that what the physician wants is, to use the copper sulphate as a caustic application. By adding the sodium bicarbonate he completely destroys the caustic effect, as the copper is precipitated as copper carbonate, which is insoluble and non-caustic. By mixing the ingredients and at once corking the bottle, there is also danger of explosion, as a considerable amount of CO_2 is evolved. The following equation will show what reaction takes place:

$$CuSO_4 + 2NaHCO_3 = CuCO_3 + Na_2SO_4 + CO_2 + H_2O.$$

The right course to pursue is to inform the physician and get his consent to omit the sodium bicarbonate.

171.—Tr. Ferri Chlor .....℥ij
Morph. Sulph.....gr. iij
Glycerini .....℥ss
Aquæ .....q. s ad. ℥iij

This is a well-known incompatibility. Morphine with ferric salts strikes a bluish-green color; in fact, this is a test for morphine. The formation of the color is prevented by the presence of free acid, but it is rare that tincture of iron contains so much free acid as to prevent the reaction. In this case it is best to inform the physician of the facts, and let him act as he sees fit.

172.—Hydrarg. Iodidi. Flavi,.....gr. xxiv
Potass. Iodidi.....℥iij
Syr. Sarsapar. Co.....℥ij
Aquæ .....℥j
S.: ℥j 4 times a day.

This is an incompatible and extremely dangerous prescription; the more dangerous because if the syrup of sarsaparilla be added at once the druggist may notice no change in the physical appearance and dispense it without hesitation. Mercurous iodide, in the presence of potassium iodide or any soluble iodide, becomes at once decomposed into mercuric iodide and metallic mercury. For practical purposes it is sufficiently accurate to remember that one part of mercurous iodide will form about two-thirds of one part of mercuric iodide. The eqnation and the calculation are as follows:

$$Hg_2I_2 = Hg + HgI_2$$
$$654 = 200 + 454$$

That is to say, 654 parts, when decomposed, will form 454 parts of mercuric iodide; reduce those figures (it cannot be done

exactly) and two-thirds will be the approximate answer. In the above prescription there is 1 grain per dose of the mercurous iodide; this would give $^2/_3$ grain of mercuric iodide per dose, which dose might produce distinctly toxic effects, especially if repeated four times a day. There is also in that prescription about 8 grains of finely divided metallic mercury, but no danger need be apprehended from this source, as metallic mercury may be taken in quite large doses. The pharmacist should refuse to dispense this prescription and communicate with the physician.

173.—Hydrarg. Iodidi Flavi 0. 01
Potass. Iodidi 0. 075
M., et ft. pil. No. i. D. tal. Dos. No. xxiv
S.: One pill three times a day.

This and the previous prescription will illustrate what the author has been trying to impress many times, namely that "incompatible" and "non-dispensable" are not synonymous terms. A druggist received the above prescription, and knowing that the two ingredients were incompatible, he sent to the physician, stating the fact. The latter said he wanted to have the prescription put up just as written. The druggist still hesitated, basing himself on the statement of the U. S. Dispensatory, which says: "It (yellow mercurous iodide) should never be given at the same time with potassium iodide, which converts it immediately into mercuric iodide and metallic mercury." He consulted me as "final authority," and I advised him to dispense the prescription. The chief difference between the two prescriptions is in the dose. This one contains only $^1/_6$ grain of mercurous iodide, which, even assuming that it becomes entirely decomposed, will yield only $^1/_9$ grain of mercuric iodide, and that is a perfectly safe dose. Thus, the question "to dispense or not dispense," frequently turns on the size of the dose. Another difference between this and the preceding prescription is that many druggists will in this case use the dry potassium iodide, mix it with some inert powder, as althea or licorice, and then make a pill mass with some mucilage of acacia or glycerite of starch. In this condition only a portion of the mercurous iodide will be decomposed.

(To be Continued.)

A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation.*

Formalin. See Formaldehyde.

Formin. See Hexamethylene Tetramine.

Formoform. Formoformin. Mixture claimed to consist of Formaldehyde (0.1%), thymol (0.1%), zinc oxide (35%), starch (65%). Used as a dusting powder in excessive perspiration of the feet.

Formol. See Formaldehyde.

Fortoin. Methylene-dicotoin. Obtained by action of formaldehyde on cotoin, the active principle of coto bark. Yellow needle-shaped crystals or yellow powder, slight cinnamon-like ador, insoluble in water, soluble in dilute alkalies. Intestinal astringent and antiseptic. Dose: 3 to 4 grs. Also recommended as a paint in sore throat and as an injection in gonorrhea.

Gallicin. The methyl ether of gallic acid. Fine needle-shaped crystals soluble in water and in alcohol. Astringent. Used as a dusting powder, recently also in trachoma.

Gallogen. Said to be ellagic acid, the astringent principle of divi-divi; chemically closely allied to tannic and gallic acids. Yellow powder, odorless and tasteless, and soluble only in alkaline solutions. It there fore passes the stomach unchanged. Dose: 8 to 15 grains.

Globon. A dietetic albuminous preparation, prepared from vegetable and animal para-nucleins. Yellowish fine dry powder, odorless. Insoluble in water, soluble in alcohol (of 70 to 80% strength.) Dose ½ to 2 teaspoonfuls, best taken with starchy food, soups, milk, etc.

Glutol. (Schleich). Gelatine-formaldehyde, Glutoform. A combination of gelatin with a small percentage of formaldehyde. A white, rather coarse grained odorless powder. Excellent external antiseptic. In the hundreds of various conditions treated in Schleich's clinic, I have never seen a drop of pus develop under the use of glutol. Its only disadvantage is that it forms a hard crust and the edges of the wound, ulcer, etc. become rather hard.

Gluton. Chemically a gelatose, prepared by the action of acids on gelatin at a high temperature. Yellowish white powder, soluble in water and does not gelatinize even in concentrated solution. A dietetic preparation, added to soups, bouillions, etc.

Glycerophosphoric Acid and the Glycerophosphates. The glycerophosphates have come very prominently into use of late and seem to be gaining in favor. Glycerophosphoric acid is one of the products of metabolism, being formed during digestion from lecithin, which is, as is well known, the chief phosphorus-containing constituent of our food.

The lecithin splits up into choline and glycerophosphoric acid and it is in the form of the latter substance that phosphorus is assimilated by the organism.

Commercially glycerophosphoric acid (also called glycerinophosphoric or phosphoglycerinic acid) is prepared by heating a mixture of glycerin (1½ parts) and phosphoric acid (1 part). Its formula is $C_3H_5(OH)_2H_2PO_4$. It is a pale yellow liquid, odorless, of oily appearance, sour taste and soluble in water and alcohol. The acid and its salts are indicated in all conditions of brain exhausion, neurasthenia, convalescence from debilitating diseases, phosphaturia, rickets and goitre. The acid itself is seldom or never used, the salts being preferred.

Glycerophosphate of calcium, $(C_3H_5)(OH)_2CaPO_4$, is a white crystalline powder, soluble in about 20 parts water, but practically insoluble in hot water or alcohol. Usual dose 2 to 5 grs. 3 times a day in aqueous solution.

Glycerophosphates of potassium and sodium are so hygroscopic that on the market they appear only as concentrated thick solutions, of 75 per cent. strength. In cold weather the liquids are converted into a thick mass. These salts are of course freely soluble in water and are therefore adapted for hypodermic use. Dose 3 to 4 grs. per injection (only one daily); internally 3 to 10 grs. 3 or 4 times a day. In goiter 20 grs. 3 times daily.

Iron Glycerophosphate. $(C_3H_5(OH)_2FePO_4)$. Yellowish scales, soluble in water and in diluted alcohol. Besides the indication of the glycerophosphates, its field of employment is also in anemia and chlorosis. Dose, 2 to 5 grs. 3 times a day.

Lithium Glycerophosphate. White crystalline powder, readily soluble in water. Additional indication for its use: lithemia and uric acid diethesis. Dose: 5 to 15 grs.

Magnesium Glycerophosphate is also a white powder, freely soluble in water.

Quinine Glycerophosphate. Contains 68 per cent. of quinine and 32 per cent. of glycerophosphoric acid. Small needle-shaped crystals, readily and clearly soluble in water and in alcohol. It combines in itself the antimalarial properties of quinine with the neurotonic properties of the acid. This salt on account of its bitterness is best given in the form of pills or capsules. Dose: 2 to 5 grs. 3 times daily.

While two or more glycerophosphates may be prescribed together, it is best to order them in simple aqueous solution, perhaps flavored with some aromatic oil (cinnamon, peppermint, oil of bitter almonds), and not in conjunction with other salts or vegetable preparations. They are delicate compounds and may become easily decomposed.

Glycosal. Salicylic acid (mono) glycerin ester. White crystalline powder, soluble in 100 p. of cold water, very soluble in hot water and in alcohol. Easily saponified by alkalies and their carbonates. Recommended as a substitute for the salicylates in rheumatism.

THERAPEUTIC ABSTRACTS, FORMULÆ ETC.

This Department will form a prominent feature of the Critic & Guide. Queries of a pharmacologic and therapeutic character are invited and will be answered in this Department.

The Treatment of Hay-Fever.

There is no specific for hay fever. Still, in the present state of our knowledge, we may, with *judicious* treatment, cure or relieve practically all cases of hay-fever or hay-asthma (also known under the names rose-cold, hyperesthetic rhinitis, and catarrhus æstivus). We must remember that there are at least three factors in the causation of hay-fever: one exciting and two predisposing. The exciting factor is the pollen of rag-weed and golden-rod, the odor of roses and other flowers, dust and smoke, and the dust of certain drugs, like ipecac, verat rum viride, capsicum, salicylic acid, etc. The predisposing factors are a neurotic constitution and a hyperesthesia or other abnormality of the nasal mucous membrane. Each of the factors must therefore be attended to. To avoid the irritation of the odor of flowers and the pollen, a change of climate is sometimes absolutely necessary. As a rule, the seashore or a high altitude or places where the land is not cultivated are suitable. But as only a limited number of people can afford a change of climate and locality we must apply our resources to the predisposing factors. As a sedative for the nervous system, the valerianates of quinine, iron, and zinc, with or without arsenic, will prove useful. The following formulæ are serviceable:

Arsenous acid	$\frac{1}{40}$ grn.
Quinine Valerianate	1 grn.
Iron Valerianate	3 grn.
Zinc Valerianate	2 grn.

For one capsule. One three times a day.

Copper arsenite	$\frac{1}{40}$ grn.
Iron Valerianate	3 grn.
Zinc Valerianate	2 grn.

For one capsule. One three times a day.

Locally, the number of applications to the nose is very large and varied. Cocaine is undoubtedly and immediately useful. True, it is only a palliative measure, but the suffering of the patient is frequently so intense that he is very grateful even for temporary relief. The cocaine may be used by spray, or applied on pledgets of cotton, or insufflated as a fine powder. The following is a good formula for insufflation:

Cocaine Hydrochlorate	4 grn.
Boric Acid (finely powd.)	60 grn
Sodium Borate (finely powd.)	20 grn.
Milk-Sugar (finely powd.)	20 grn.

Insufflate small quantity into each nostril.

If a solution is used, the cocaine is best used in conjunction with boric acid:

Cocaine Hydrochlorate	10 to 20 grn.
Sat. Solut. Boric Acid	2 oz.

Use as a spray or on cotton.

Remember not to prescribe cocaine hydrochlorate in solution in conjunction with sodium borate (borax), because borax precipitates the cocaine. Oily sprays are also usfeul, and one of the best formulas is the following:

Cocaine (Alkaloid, not the Salt)	3 grn.
Thymol	½ grn.
Eucalyptol	2 min.
Petrolatum Liquid (highly purif.)	1 oz.

Spray frequently.

Since the advent of the suprarenal preparations, they have practically monopolized the field, and it must be admitted that adrenalin renders signal and frequently immediate service in the treatment of this troublesome affection. A solution of adrenalin chloride may be advantageously combined with cocaine.

Adrenalin in oily solution is now also on the market and is highly recommended.

Dunbar's hay fever serum or pollantin is giving fairly satisfactory results, but it is too early to pronounce a definite opinion as to its value.

As to the value of quinine locally applied it is also difficult to say anything positive. It acts well in some cases and fails in others.

Finally, there remains a class of patients, who are quickly and permanently cured by galvano-cauterizing the nasal mucous membrane, or by some other operation on the nose, as the removal of polypi.

Thiosinamine.

Editor CRITIC & GUIDE: Please give me some information regarding the composition and doses of Thiosinamine Is it an established remedy or is it still in the experimertal stage. Dr. R. R. B.

The following is from a paper which I published on the subject.

THIOSINAMINE (chemically, allyl sulphocarbamide; allyl sulpho-urea, rhodaline) is prepared from oil of mustard. Two parts of oil of mustard are mixed with 1 part of absolute alcohol and 7 parts of ammonia water of a sp. gr. 0,900. The mixture is warmed to about 104° F. (40° C.) and then concentrated on a waterbath: On cooling, crystals of thiosinamine separate out. The reaction is very simple: The oil of mustard (chemically, allyl sulphocyanid) combines with the ammonia:

$$C_3H_5—CNS+NH_3=C_3H_5\,NH.CS\,NH_2.$$

Its chemical name, allyl sulphocarbamide or allyl sulpho-urea, will be better understood by comparing it with urea, which is chemically carbamide. The formula of urea is CH_4N_2O or $CO(NH_2)_2$; by changing the oxygen in carboxyl group to sulphur, and replacing the hydrogen in one NH_2 by the radicle allyl, C_3H_5, we get thiosinamine.

Thiosinamine is in the form of colorless crystals, of a bitter taste and slight garlic-like odor. It is but moderately soluble in water and very soluble in alcohol and ether.

Mode of Administration and Dose.—Thiosinamine has been administered both by mouth, in the form of capsules in doses of ½ to 3 grn., and hypodermically. For the latter purpose it has been used either in the form of a 10 to 15-per-cent. alcoholic solution, or as a 5- or 10-per-cent. hydroalcoholic solution with a small amount of glycerin added. The hypodermic dose also ranges from 1 to 3 or 4 grn. The injections are practised once, twice or three times a week, and are preferably made in the intrascapular or gluteal region. They are painful, but not excessively so. Recently Unna recommended the application of thiosinamine in various dermatologic conditions, in the form of soaps and plasters.

As a resolvent of cicatricial tissue its status is pretty well established. Still a good many more positive reports are necessary, before it can be considered an "established" remedy.

Hay's Test for Bile.

Hay's test for bile in the urine consists in throwing some finely powdered sulphur (sublimed sulphur; flowers of sulphur) into the urine. If the urine is normal the sulphur will float; if bile or biliary acids are present the sulphur will sink to the bottom of the vessel. A number of other substances, such as carbolic acid, benzoic acid, oil of turpentine, etc., if added to the urine will produce the same result, but as these substances are practically never present, either in normal or in pathological urine, the test is a valuable one. It is considered more delicate than Pettenkoffer's test.

Liebreich's Solution.

Liebreich's solution is a 1 to 5,000 solution of cantharidin; as cantharidin is insoluble in water, it must be converted into an alkaline cantharidate—that is, cantharidate of potassium or sodium. The formula is as follows: Cantharidin, 2 parts; potassium hydroxide, 4 parts (or sodium hydroxide, 3 parts); distilled water 200, parts. Heat is applied until perfect solution results, and enough

distilled water is then added to make 10,000 parts. Quantity of this solution for hypodermic injections, 8 to 16 minims (0.5 to 1 Cc.). The injections are repeated, as a rule, every other day.

Irregular and Painful Labor.

Dr. C. N. Miles recommends the following prescription as especilly applicable in primiparæ during the first stage of labor, when the patient is nervous and irritable, and the os rigid and undilatable:

Potassium Bromide	of each, 10 grs.
Sodium Bromide	
Ammonium Bromide	
Chloral Hydrate	
Tinct. Orange	10 min.
Strychnine Sulphate	1-30 gr.
Tinct. Calumba	10 min.
Chloroform Water.....	to make 1 oz.

While the mental anxiety and the pains are relieved to a great extent by this combination, the progress of labor is not interferred with in the least.

Lassar's Cinnabar Salve.

Hydrargyri Sulphidi.....	gr. x
Sulphuris Sublim.....	℥ss
Ol. Bergam.....	gtt. xvi
Petrolati.....	q. s. ad.....℥ij

Useful in necrotic acne.

Startin's Calamine and Chalk Lotion.

Dr. R. S.— Lotio Calaminæ et Cretæ (Startin) has the following composition:

Pul. Calaminæ	3i
Cretæ prepar.....	3i—℥ij
Ac. Hydrocyan. dil.....	3ss
Glycerin.....	3ij—3iv
Liq. Calcis	℥iij
Aq. Sambuci.....	ad.....℥viij

I can testify to the value of this lotion as a cooiing and antipruritic application in acute and subacute inflammation. The elder flower water can be advantageously replaced, in my experience, with an infusion of German chamomile.

Yohimbin.

Dr. J. R. Yes, yohimbin possesses local anesthetic properties. It is, however, not likely that it will come into extensive use. Its disadvantages outweigh its advantages. Instead of contracting the blood vessels it dilates them, and hence there is greater tendency to hemorrhage after its employment.

Sulphhydral.

N. O. This is a German nostrum, consisting principally of calcium sulphide. It is of course recommended for practically all diseases human flesh is heir to.

Calamine.

Dr. A. O. T. Calamine (lapis calaminaris) when prescribed by a physician refers to the native zinc carbonate, tho in mineralogy this name is really applied to zinc silicate. Whether it really possesses superior properties to the official or white zinc carbonate is doubtful; it is, however, a favorite with many dermatologists, and whenever prescribed should be dispensed as a fine pinkish or flesh-colored powder.

Terra Cimoliæ.

O. J. Pulvis terræ cimoliæ that puzzled you so much means simply Fuller's earth.

Vegetable Caustic.

Vegetable caustic is an old synonym for liquor potassæ. It is strange I should have received three inquiries about it within one month. I thought the synonym was dead.

Ointment for the Itch.

Menthol.	40 grn.
Ichthyol.....	4 dr.
Calcium Sulphide...	1 dr.
Sulphur.....	6 dr.
Woolfat	
Olive Oil, sufficient of each to make.	3 oz.

Toothache.

Carbolic Acid.....	of each, 30 grn.
Menthol.	
Cocaine Hydrochlor....	
Chloral Hydrate.....	
Guaiacol.....	30 min.

Triturate in a mortar.—A very good combination.

Facial Erysipelas.

Guaiacol.....	of each, 15 grn.
Menthol	
Camphorated Oil.....	1 oz.

Affected area to be painted with this mixture every two hours.

Varicose Ulcers.

Iodoform. .....
Salol .....
Bismuth Subnitrate..... } of each,
Powd. Charocal ..... } equal parts
Powd. Cinchona.....
Benzoic Acid.....

To be used as a dusting powder.

To Drive Mosquitoes Away:

Oil Sassafras. ..... }
Oil Wintergreen ..... } equal parts.

Apply to exposed portions of body. The oils of cajuput and origanum are also very effective, but they have a rather unpleasant odor.

Bedsores.

Zinc Sulphate.....30 grs.
Lead Acetate.....30 grs.
Tinct. Myrrh.....40 min.
Petrolatum.....to make 2 oz.

Punctate Acne,

Ichthyol.....1 dr.
Bismuth Subnitrate.....1 dr.
Amoniated Mercury.....1 dr.
Petrolatum.....10 dr.

Apply locally.

Habitual Constipation.

Washed Sulphur .....1 oz.
Potassium Bitartrate .....1 oz.
Powd. Senna Leaves.....4 dr.
Syrup Rhubarb .....2 dr.
Fl. Ext. Cascara Sagrada....2 dr.

Make a confection. One teaspoonful at night.

Dysentery.

Magnesium Sulphate .....2½ dr.
Aromatic Sulphuric Acid..1 dr.
Glycerin .....1 dr.
Anise Water .....2 ozs.
Chlorof'm Water..to make 4 ozs.

Teaspoonful every hour, until character of discharges is changed, then every two to four hours.

Cardiac Dropsy in Children.

Potassium Iodide .....2 grs.
Tinct. Squill .....5 min.
Tinct. Strophanthus ,.....5 min.
Spt. Chloroform .....5 min.
Distilled Water.to make 4 drams.

For one dose, three times a day, for a child from eight to ten years.

Insufflation in Nasal Syphilis.

Iodoform ..... of each,
Tannic Acid ..... 10 grs.
Bismuth Subnitrate..... of each,
Powd. Acacia ..... 2 drams
Morphine Sulphate.....2 grn.

The iodoform may be replaced with advantage by one of its odorless substitutes.

Odorless Disinfectants.

1.—Ferric Chloride ..... 4 parts.
Zince Chloride ..... 5 parts.
Aluminium Chloride .. 5 parts.
Calcium Chloride ..... 4 parts.
Manganese Chloride ... 3 parts.
Water .....69 parts.

Add to each gallon 10 grn. of thymol and 2 fl. dr. of oil rosemary previously dissolved in about 4 fl. dr. of alcohol.

2.—Alum .....10 parts.
Sodium Carbonate .....10 parts.
Ammonium Chloride .. 2 parts.
Sodium Chloride ..... 2 parts.
Zinc Chloride ..... 1 part.
Hydrochloric Acid..... sufficient.
Water .....100 parts.

Dissolve the alum in about 50 parts of boiling water, and add the sodium carbonate. To the precipitate of aluminium hydrate add sufficient hydrochloric acid to dissolve, thus forming aluminium chloride. Finally, dissolve the other ingredients in the remainder of the water, and add to the first solution.

3.—Potassium Chloride ... 5 parts.
Sodium Chloride ..... 5 parts.
Magnesium Chloride .. 5 parts.
Zinc Chloride ..... 3 parts.
Aluminium Chloride ... 3 parts.
Calcium Chloride ..... 6 parts.
Water .....73 parts.

Mueller's Fluid.

Muellers Fluid, used for preserving anatomical specimens, has the following composition: Potassium bichromate, 2 or 2½ parts; sodium sulphate, 1 part; water 100 parts.

MELANGE FOR DOCTORS.

J. W. BRANDEIS, A.M., M.D.

A doctor out in Massachusetts somewhere was discovered in the company of some money and the police immediately became suspicious. He had offered a two dollar bill to a peanut-dealer in payment for some of his wares when the dealer cried out in surprise and alarm. Thereupon the doctor was promptly arrested on the charge of counterfeiting. When the police went thru him at the station-house they found a whole bunch of two-dollar bills on him, and then they were completely convinced of his guilt. Sure enuf, a search of his home revealed the complete counterfeiting paraphernalia. Forthwith he was thrown into prison, and the one chance in life that a doctor has of making money was, alas, taken away.

* * *

And while on the subject, doesn't it tire you to have to read the perennial joke about the doctor mulcting his patients? The point of every witticism ever invented in which the doctor was "it' concerns the "lifting" power of the neverthless everlastingly poor medical man, unless, indeed, he is introduced to lend a partial respectability to some obscene story.

It commenced when Eve became indignant because her physician, dismayed at her frequent false starts declared that he would not come again until payin' had begun.–And it has followed the profession thru all the ages as the one distinguishing feature.

Nowadays we continually encounter this:

"I asked the doctor if he would do something to relieve me. He did. He took my watch." Or

"Ah!" said the doctor as he felt over the patient's chest, "I perceive you have a swelling over the heart, which we must reduce."

"Yes, doctor, that's my pocket-book. Please don't reduce it too much."

* * *

And then as if to strengthen the conviction in the minds of the laity that fortune does smile on the profession there seems to be a custom of paying money to retain positions on the medical staffs of certain hospitals. Once in a while things happen and the whole matter comes out in the daily prints.

"Ah! says the layman: Doctor This and Doctor That had to *pay* to treat patients at the Mendem Hospital. Why should my doctor send a collector as long as I am willing to call things square?"

* * *

"Does your husband encounter many Christian Scientists in his practice?" asked the friend of the doctor's wife.

"No, but he had several patients who have lately joined that creed," was the naive reply.

* * *

A short time ago some poor fellow down South traveled all about the country and at last to New York to reclaim his wife who had absconded with the doctor who had been treating her. Of all the vile acts, which have been accredited to mankind, perhaps that of the doctor who makes a cuckold of a man who places his wife under his professional care, takes first rank.

* * *

When some good able medical man passes on to a better world, it is discouraging to find his life work epitomized in a medical magazine in a statement to the effect that he was born in 1844, graduat-

ed in 1868 and died in 1904 — those apparently being the most noteworthy events in his career. Truly it seems as if a life given up to a quarter of a century of charity and service to the poor deserves at least as much recognition as the giving of a small portion of the wealth accumulated during the same period, accords to the donor at the hands of the daily press.

* * *

Notice to Druggists!

You are hereby directed to discontinue the sale of all medicines for the relief of constipation to any one known to be of the creed of Christian Scientists.

By order of the Ifso Provit Society.

* * *

Peculiar that most eccentrics begin by doubting the Supreme Being, and then proceed to question the efficacy of the doctor and his medicine. Well, we can certainly be proud of the association!

* * *

An interesting news item comes to us from Carlsbad. It relates the refusal of Mr. Rudolf Spreckels to pay a fee of $2,000 charged him by a local physician, which resulted in his arrest.

The doctor diagnosed that Mr. Spreckels was suffering with appendicitis. He called in a specialist from Berlin who agreed in the diagnosis, operated the patient, pocketed a fat fee and went off and forgot all about it. Meanwhile the local physician watched and worried over his charge. Then, being a very sensible fellow, he decided to let Mr. Spreckles "in" on the worry. And the result!—as above stated.

About the exact size of the fee we cannot comment as we know nothing of the extent of the services rendered in return. But we have been told that it *does* seem very silly to sign a bill "paid" when $50 is supposed to liquidate an account of a dozen days of care and anxiety with perhaps a little skill thrown in.

* * *

The Jews in Russia have at last come in for a preference! It is stated that in selecting the medical corps to go to the front with the army, the Jewish physician was invariably chosen.

* * *

Dr. Osler called to Oxford as Professor. Goodness! When we receive his next book we shall have to hie to our cyclopedia and learn what mean "M. C. Cantab," "F. R. C. S.," "B. Ch.," "R. S. V. P.," and all the rest!

* * *

Have you ever noticed with what pleasure and precision a conductor on a street car will discharge a mouthful of saliva at a child who has stolen a ride on the car? With the Board of Health exerting every effort to control the spitting nuisance something surely ought to be done to stop that nasty way of "getting even."

* * *

Dr. Henry C. Rowland makes his monthly magazine appearance with a short story called "The Strategy of Abbington. It appears in Leslie's for September.

* * *

Dr. L. E. La Fetra. instructor in diseases of children at Columbia University, contributed a very instructive little essay on "School Hygiene and The Growing Child," to the Saturday Times Supplement, August 27, 1904.

* * *

One more proof of the universal belief that exists of the doctor's prosperity is the number of offers he receives to "come in on the ground floor" by the promoters of every gold, silver, copper and any other kind of mine; the deluge of applications he receives to insure his home, health and life; and the manner in which he is besieged by the agents for every book and magazine either published or under contemplation.

JUST A FEW LETTERS.

Some Stray Remarks.

Editor CRITIC & GUIDE:—A new method of advertisement is the practice of the proprietors of the Viavi treatment of appealing to the presidents of the various organizations of women to present their remedy to their societies. I believe 10 cents is paid to the president for every member present where the medicine is explained. In our city some few ladies have used this medicine and the family joy has been increased by a new birth. Post hoc, ergo Viavi.

Antikamnia is now passed from house to house as per enclosed sample handed me by a patient. "Women's Pains" on the box is the language of appeal to the laity rather than a suggestion to medical men. The clergy are not forgotten by this firm as is evidenced by a statement of one of my patients who has received thru the mail literature and free treatment from them. You are an *interested* crank, so the drummers tell me, but the little detail of ways, means and premises from which the conclusion is drawn is never just in evidence. Why is it, Doctor, that all the various fad remedies have the endorsement of men in the remote and rural districts of the South and West? A great country ought to produce great men, and I feel sure that those sections teem with men of sound intellect ann still sounder morals. At the same time it seems to me that it is also a sort of refugium peccatorium of the least skilled and the least honest of our profession.

It is not at all expected that you use the valuable space in your little journal to publish these remarks. Their chief purpose lies in the fact that many of us are in the fight with you, and only the limitations of our talent and power of expressing our thoughts keep us from entering more vigorously into the battle of principles. Yours very truly,

Geo. A. Fagan, M.D.,
15½ Centre St., N. Adams., Mass.

What the Doctor says.

Dear Doctor:—Received a copy of your paper a little while ago; and I must say that I was highly pleased with it, and that I appreciate most especially the exposition of the proprietary medicine frauds. There is urgent need for work along this line. Bernard Fantus, M.D.
Prof. Materia Medica and Therapeutics,
College of Physicians and Surgeons,
443 Marshfield Ave., Chicago.

What the Druggist says.

Editor CRITIC & GUIDE:—Enclosed please find my check for four years' subscription to the CRITIC & GUIDE. I consider your journal the most useful pharmaceutical paper. Wishing you the best of success, I remain,

Yours very truly,
Samuel Harkavy, Phar.D.
193 Broome St., City.

Editor CRITIC & GUIDE:—It is my opinion that the CRITIC & GUIDE has done more for the drug business of the country in one year than any other journal has in ten. "Let the good work go on," the effect is felt even way out here in Oregon. Yours sincerely,

W. G. Marks, Mgr.,
Marks Drug Company.
Portland, Ore.

What the Ethical Manufacturer says.

Dear Dr. Robinson: We congratulate you upon your success, but will remark that we do not think it is any more than you deserve. We wish you all the advantages which you may receive for the good work which you are accomplishing in your chosen field. We are only too glad to be represented in your advertising pages. Sincerely yours,

156 William St. R. W. Gardner.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, in advance, $1.00 Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue! If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and n the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. OCTOBER 1904 No. 4.

Please examine The CRITIC & GUIDE Carefully and Critically and ask yourself if it isn't Worth the Modest Sum of one Dollar a year. If you think it is, Send us one dollar and we will Send you this Good and Useful Journal from now on until January 1906! But please do it Now.

FEW OR MANY CHILDREN.

Some Stray Thoughts on the Question of Race Suicide.

Teddy Roosevelt is all right. I say it in spite of the shock that it may give my ultra radical friends. He is a good man and one of the best presidents we have had. But I do not suppose that even his closest friends will claim that he is a deep thinker, or a profound student of economic problems. Race Suicide we have with us, and Theodore deserves thanks for having brought the question prominently to public notice. But he is wrong, woefully wrong in his etiology, as are all the amateur students of the problem.

It is generally assumed that those who do not wish to bear the responsibility of children do so out of sheer wickedness. As a general proposition, I will state at the outset, this is distinctly untrue. I grant that there are *some* married men and women, who do not wish to have children on account of the "bother". But such unnatural people are very few in number and the community should be congratulated that such "parents" have the will power to follow their determined-upon course and remain childless. For people who are so devoid of parental instinct, as to desire no children at all, would make very poor parents and the children would most probably be unfortunate creatures. But the question in this article is not: children or no children, but few or many children, and bold indeed must be the man who dares to throw stones at those fathers and mothers who decide

that they cannot have more than two or three children. Far from being a sign of degeneration, it is a sign of high civilization and civilization, not in the contemptuous, but in the true original sense. The savage or semisavage races bear their children like animals. Problems of the future do not bother them. Little do they care as to whether they will have enuf to feed and to bring up the children, little do they think of the future happiness, usefullness and good citizenship of their progeny. But civilized parents of the present day do think of all these things. They know what a struggle modern life is, they know what mental and physical ammunition one must be supplied with to achieve even moderate success—and they hesitate to bring children into the world, when they have no moral certainty that they can bring up useful, healthy and moderately happy citizens. And this so called race suicide—or few children families—is not a sign of depravity, of the weakening of the parental instinct; on the contrary it is a sign of the *elevation of the parental instinct*, it is a most happy sign of the higher conception of parental duty, which is beginning to pervade the more civilized races.

To put the question in a homely fashion: Is it not better to have two or three children, and be able to well take care of them, to give them a proper education and to well equip them for the battle of life, than to have eight or a dozen ragamuffins, to whom the mother is physically unable to give the necessary attention, who must pass the greater part of their time under street influences, who can not be fed and clothed and who must be sent to unhealthy or uninteresting work, when they should be at home or in school?

And the mothers. Ah, the poor mothers. Does anyone think of what having a child means to a mother? The sufferings of gestation, the pains of childbirth, the risks of the puerperium, the sleepless nights, etc., etc.,—verily, I do think if Teddy had to go thru this two or three times he would not "hold in contemptuous abhorrence" those who believe they serve their own interests and those of their children best by limiting the number of the latter.

Somebody has said: The first child is joy, the second indifference, the third misfortune and the fourth tragedy. How true this is in the main—only a doctor who confined a woman from her first until, say, her sixth child can testify. At the advent of the first child the house is full of joy, everything is in a flutter and the doctor who helped the newcomer to arrive into the world is the hero of the hour. The arrival of the second is still a joyful event, especially, if it is of the opposite sex and if it does not come too soon after the first. The third, fourth and fifth are received with a gradually increasing indifference, while the sixth, seventh, etc.—more than one father (occasionally also a mother) is nourishing a secret and ill-concealed hope—that it will be *stillborn*. And I well recollect the case of a "multiple" father

who was quite indignant because I "foolishly" spent three-quarters of any hour working over his stillborn baby, and the expression of his face was anything but that of unalloyed joy, when the baby finally did breathe and emitted a feeble cry.

I will conclude this editorial with an extract from a letter from a strong minded woman, who certainly writes well and makes some strong points:

Has the President of the United States—she asks—the right of censorship over the individual consciences of his fellow-men, and is he prepared to vouch for the mental, moral, physical, and financial fitness of all men and women to bear children that he "holds in contemptuous abhorrence" all those who, for reasons of their own, see fit to remain barren? Does he advocate the perpetuation of drunkenness, insanity, poverty, viciousness, immorality, blood disease, and general unfitness, or is he in ignorance of the present condition of the human family? Is it his wish to sacrifice the quality of children to the quantity and would he force children upon those who do not desire them, and whose dislike for the burden of childbearing is as true and natural as any other sentiment? Is not the President's mandamus to "multiply and replenish the earth" a relic of the old St. Paul spirit which said, "Women, obey your husbands"? How does one man dare presume to settle so vital a question for another, and of what real value is childbearing to posterity when one has no guarantee that his children will live to adult years or be of any use in the world during the time they are living? Is it not all a risk, both to the mother and the child, (not to the father,) and is it not a piece of colossal impudence upon the part of a parent to force existence upon the unborn when there is nothing to offer them but sin, disease, distressand a struggle with uncertainty?

The writer has had a wide experience among the tenements, prisons, hospitals, almshouses, and homes for incurables in this country, and has seen the results of overbreeding in all their horrors. She has also seen the richer class, whose infirmities are no less real if not so glaring, and she thanks the Goddess of Wisdom with all her heart that these latter have refrained from perpetuating their kind while they are burdened with the care and support of those who had not their sense of justice.

Would it not be wise for such fortunate ones as President Roosevelt and President Eliot to speak for themselves alone at least until they have familiarized themselves with the environments of the poor and acquired a wider justice for the children of poverty?

P. S. Whatever Theodore Roosevelt and the Editor of the CRITIC & GUIDE may say will have but little influence on the men or women of this country in regard to the child question. Their decision has been made. The important question is: Should we allow the women to continue to use injurious, health-ruining measures to prevent conception, or, what is still

worse, hurry themselves to their graves by repeated abortions --or should the knowledge of safe and hygienic anticoncepts—for there are such—be spread broadcast? But that is another story, and will form the subject of another editorial.

SHOULD ANTIPYRETICS BE USED IN FEVERS?

A correspondent asks me to state my views as to whether antipyretic drugs are ever permissible or indicated in fevers or not. I expressed my views on the subject several years ago and my opinions have not undergone any change. The physician who gives powerful antipyretics as a routine practice in every case of pyrexia, and thinks he has done his whole duty if he has succeeded in bringing down the mercurial column two or three degrees, shows a lamentable lack of judgment, indeed. But on the other hand, those faddists—because faddists they are—who cry out against the use of antipyretics under any circumstances are not much better. What is their argument? Fever, they say, is not the cause of the disease; it is the effect, the result. And how absurd it is to try to remove the effect, instead of trying to remove the cause! Perfectly true. The fever is not the original *causa peccans;* it is the result of infection, nervous disturbance, or disordered metabolism. But the anti-antipyretists seem to forget that an *effect* of a morbid condition may itself become the *cause* of further morbid conditions and derangements. A sluggish liver will produce constipation; the constipation itself, if unrelieved, will produce results far more disastrous than the constipation itself. The retained fecal matter will cause auto-intoxication. And an enema or colonic irrigation is most decidedly indicated, though it is not directed to the original cause of the trouble, the sluggish liver. Of course we are not debarred from turning our attention to the liver at the same time. Similarly with fever. Hyperpyrexia if allowed to persist for any length of time may cause irreparable damage, because the heat has a destructive, disintegrating, and paralyzing effect on the nervous centers, on the heart, and on the muscular tissue in general. It therefore becomes our imperative duty to reduce the fever at all hazards, after it has reached certain limits. And frequently this can be most quickly and most certainly accomplished by the aid of a medicinal antipyretic. Of course, this does not mean that discretion is to be thrown to the winds. On the contrary, the greatest care and watchfulness are to be employed, and as a general rule a cardiac tonic is to be administered conjointly.

Mr. Monahan's article in this issue: Doctors vs. Naturists is a gem, tho one must belong to the *cognoscenti* to fully enjoy it. Another gem in this issue—besides the editorial gems—is the article on the Roycrofters by a young man, a *very* young man (who is very dear to the Editor's heart) who, let us hope, will give us some good things in the future.

NORMAL AND DECINORMAL SOLUTIONS.

A physician ordered the following prescription: Sol. Adrenalin chloride 2 drams, normal salt solution 4 ozs. Use as a spray. The druggist took 110 grains of sodium chloride, dissolved it in distilled water, added the adrenalin solution and dispensed the medicine. No consequence of any kind followed. Nevertheless, the medicine was wrong, because the druggist took *ten times* as much salt as he should have taken. The difference between a chemical normal solution and a physiological normal solution has been pointed out more than once, but the confusion still exists, and will probably continue to exist for a long time.

The confusion arises from the different meanings the word "normal" possesses in chemical and in physiological terminology. In chemical analysis we designate as a normal solution one which contains in each liter (1,000 Cc.) a number of Grams of the reagent equal to its molecular weight (and reduced to the valency of one). Thus the molecular weight of hydrochloric acid is 36.4 and a normal solution of hydrochloric acid is one which contains in each liter 36.4 Gm. of absolute hydrochloric acid. The molecular weight of sodium chloride is 58.4 (Na = 23, Cl = 35.4), and a normal solution will contain 58.4 Gm. of the to each liter. A *deci*normal (deci = one-tenth) solution is one containing one-tenth of what the normal solution contains, in this case 5.85 Gm. Now it just happens (a mere coincidence) that a salt solution of about that strength (5 84-100ths Gm., or, in round numbers, 6 Gm. to 1,000 Cc.) is physiologically a normal solution—*i. e.,* has about the same density and osmotic properties as blood serum. Hence it is that what is chemically a decinormal solution is physiologically a normal solution, and hence the substitution of terms and confusion. But we should always remember that when a physician orders or speaks of a normal salt or saline solution he refers to a 0.6 per cent. (occasionally we use a 0.7 per cent.) solution: one containing 6 Gm. to the liter of distilled water, or about 44 grns. to the pint, or 88 grns. to the quart. If a 0.7 per cent. solution is preferred, the quantities would be 7 Gm. to the liter, 51 grn. to the pint, or 102 grn. to the quart. Recent investigations seem to show that 0.9 per cent. is the most proper strength, or 65 grains to the pint.

THE SEED AND THE SOIL.

The old physician was a great believer in diathesis, in individual susceptibility. Knowing little or nothing of the microbe, or the seed of disease, the soil was to him of paramount importance and he perhaps exaggerated this importance. The younger generation ran to the other extreme, considering the "soil" as of practically no importance as a factor in disease. The truth is now beginning to dawn. Both the seed and the soil are seen to be essential factors, the latter being

probably of greater importance. In the causation of consumption the favorable soil in the lungs plays a greater rôle than the tubercle bacillus. The same is true of many other diseases. This has been said many times before, but it cannot be said too often, for many a life has been sacrificed in the endeavor to hunt down the bacillus, neglecting the patient in the meanwhile.

And while I am on this subject, I cannot refrain from reproducing, for our reader's benefit, a paper by Sir Dyce Duckworth, which appeared in the Berliner Klinische Wochenschrift for April 1902, as a contribution to the celebration of von Leyden's 70th birthday. The paper is as follows:

I. THE CLINICAL IMPORTANCE OF THE PERSONAL FACTOR IN DISEASE.

It can hardly be gainsaid that the tendency of medical study at the beginning of this century is markedly set in the direction of the quidquid irritans, and too little in that of the quidquid irritabile. In other terms, our younger physicians are now inclined to reckon without their hosts, and, as I conceive, to a degree that appears likely to retard the true progress of the medical art.

No better proof of this assertion is to be found than that afforded by the widely spread modern doctrine respecting tuberculosis. Robert Koch's epoch-making discovery of the bacillus of tubercle has led physicians to regard the parasite as of greater importance, in respect to the whole subject, than that of the host into whose textures it may intrude. Little, if any, consideration is now shown to the varying qualities, either of vulnerability or of resistance, which are manifested toward tubercular infection.

The old doctrines of the several diatheses are now either totally ignored, or regarded as misleading. They, are commonly held to be inapplicable in these enlightened days.

We are incessantly urged to read the phases of disease by the aid alone of the luminous rays that proceed from the Pathological Laboratory, rather than by the fainter and precarions beams which illumine our clinical efforts in the Hospital Wards. I venture to believe that the true physician requires, and will always require, illumination from both of these sources. He can dispense with neither.

We are now told (from the laboratory) that "scrofula," as we have always understood it, "is tuberculosis, and Koch's bacillus the essential element in it," (osler). My clinical studies compel me to deny this affirmation, and I boldly maintain that a person may be scrofulous for life, and yet never become tuberculized.

We recognize the special vulnerability of the tissues in such persons to irritants of all kinds, and their specific liability to become the seat of tuberculosis. But it is surely not inevitable that they must fall a prey to such an invasion.

A too common conception at the present time both in the minds of the profession and the public is, that it is a matter of indifference as to the individual exposed to tubercular influence, all persons being more or less liable to such infection.

A moment's consideration corrects such an erroneous view, and indicates to us the varying susceptibility or resistance of the individual, bringing us back to the conception, which may never be lost sight of in clinical medicine, that the host counts for something in momentous questions of this kind.

A similarly inadequate and incomplete idea largely prevails in respect of the liability to the various manifestations of rheumatic infection. I regard it as certain that the diathetic predisposition to rheumatic ailments is limited to certain families and individuals. The same may be affirmed of the peculiarities of the gouty tendency, in which case a vice of metabolism results in a specific autointoxication. It is not therefore realized that some families and individuals can never manifest tubercular, rheumatic or gouty disorders, even under appropriate provocation. In all these cases we have to pay due heed to the host, to the personal factor, and we witness a specific immunity and invulnerability which affords a protective resistance to the particular infection or irritant.

There is nothing new in these doctrines, but they have been forgotten in recent times, and crowded out amidst the numerous revelations of modern bacteriology; and we have now merely to regard the materia peccans of the older physicians as being, according to modern research, commonly of microbic or infective quality.

Diathetic predispositions are widely and variously spread in the human family. Their geographical and ethical distribution always demands our attention. Divers of them blend, and give token of their respective presence by strange morbid phenomena, as when a strumous taint is crossed by a rheumatic proclivity, or complicates, let us say, a case of parenchymatous nephritis, giving rise, respectively, to rebellious and lingering forms of arthritis or nephritis; or, again, as when a gouty habit manifests its extraordinary resistance to the inroad of tuberculosis.

We have to see to it that we do not ignore the specific tissue qualities of each individual whom we have to treat for various diseases, and to bear in mind that while the charlatan directs his efforts to the treatment of diseases, the true physician strives always to treat individual patients.

I can hardly doubt that the clinical acumen and ripe experience of the great Master, in whose honour I am permitted to offer these observations on this auspicious occasion in his splendid career will fully appreciate their propriety and timeliness, and confirm the clinical importance of them. "Nunquam aliud Natura, aliud Sapientia dicit."

THE JAMES ALKALOIDAL CO.—MORPHINE FIEND MANUFACTURERS.

I am told that the James Alkaloidal Company is very rich and influential and that it is dangerous to attack it. So much the more reason for doing it. I exposed them in the May issue in pretty unequivocal language, and I will say now that after a more thoro investigation I find that they are the rottenest proposition in America to-day. The post-office authorities ought to step in and stop their pernicious business of manufacturing morphine fiends. Almost every State in the Union has a law against the indiscriminate sale of morphine, but of what use are such laws, if any man, woman or child can write to the James Alkaloidal Co. and get all the morphine they want? I asked a lady friend to send a dollar for some of their morphine tablets. Was there the slightest hesitation on their part? Not at all. The tablets came, along with the following letter:

Dear Madam:—Your favor at hand enclosing $1.00 and ordering. 100 ¼ gr. Improved Morphia Tablets. We do not make any reduction in price except in large quantities, say 5,000 or more, but where patient orders $5.00 worth of tablets we forward them under special delivery stamp. [!] Thanking you for the order and *awaiting your further favors,* we, are, yours, truly,

James Alkaloidal Co.

Now isn't this rotten? I am not thru with that company yet. I have certain matters under investigation which I expect will shed interesting light on that nefarious business. In the meantime, for the benefit of those who may not have seen it, I will reproduce the editorial anent that company from the May issue.

Our friend Gould says there are different degrees of scoundrelism in the nostrum business. The lowest depths seem to have been reached by a concern styling itself The James Alkaloidal Company, of St. Louis. (By the way, have you noticed how many fakes and frauds originate in St. Louis?) That dastardly concern actually encourages people to use morphine, to become morphine fiends, telling them that by their method of "preparing" morphine, a person can use the drug, without danger of any tell-tale symptoms. "By this combination the tell-tale and distressing symptoms that accompany the use of plain morphine sulph. i. e., contracted pupil, lustreless eye, sallow complexion, and nausea, are overcome. When our Improved Morphia Tablets are substituted by the habitué for plain morphia sulph., they will strengthen the procreative organs and prevent heart depression, nausea, etc." And the whole front page of their circular is occupied by the letter of a morphine fiend, who signs himself McA. D. Campbell, M. D., California, and who writes as follows: "You struck the keynote when you so prepared morphine as to do away with the tell-tale symptoms so dreaded by the habitué, to wit: the sallow complexion, contracted pupil and lustreless eye. I now use your

improved morphia tablets, and I defy any one to tell from my general appearance that I am using an opiate in any form. My eyes are bright, my skin is clear, my kidneys and bowels act freely, and I get *exhilaration* from every dose. . . . . I cheerfully recommend," etc. Can degradation go any lower? And must physicians stand the insult of receiving such circulars by mail? And shall such a company that caters to morphine fiends and that actually encourages the morphine habit, by claiming that it has succeeded in doing away with its disagreeable features, be allowed to exist? Let the readers of the CRITIC AND GUIDE answer.

P. S.—On investigating, I find there is no Doctor McA. D. Campbell in any medical directory, of any State. The testimonial is, therefore, most probably a FRAUD. There are the names of four other physicians signed to testimonials in their circular, which are not to be found in any directory at the addresses indicated. And so the James Alk. Co., besides manufacturing a wretched product, also manufactures testimonials from non-existing physicians, testimonials which disgrace our profession. Let the profession bear that concern in mind!

ARE ALL THE DOCTORS EASY MARKS?

We call our readers' attention to the article by Dr. G. M. Blech printed in this issue. We know nothing of the quality of the medical supplies and instruments furnished by the house of Sears, Roebuck and Co. They maybe all right. But it is certainly curious—to use a mild term—to see a firm asking the patronage of the medical profession with one hand and scattering quack literature, counseling self-medication to the laity, with the other. It is a poor combination and it won't work.

SIR WILLIAM RAMSAY'S ADDRESS.

Sir William's Address—I write while he is delivering it—is rather a disappointment to me. The subject is The Education of Technical Chemists, while I expected to hear a masterly presentation of the progress of the last year or the announcement of some new discovery. But still, tho the address is on an uninteresting subject, it contains some good things and I will reproduce one or two.

Above all, says Sir William Ramsay, not too much teaching. The essence of scientific progress is the well-worn method of trial and failure. It is simply horrible to think of the travesty of teaching in vogue in some of our colleges, where everything is provided, and where the students add one solution to another by word of command, and record their results in special notebooks constructed for the purpose. What do they learn? To obey? That should have been taught in the nursery. Manipulation? Manipulation consists in constructing what is required, not in using what is given. I had rather see a youth commit the Æneid to heart than carry out such time-wasting, soul-destroying routine operations. The first may result in a stronger memory; the second is fatal to all originality.

It may be said that by thus leaving the students very much to themselves, much time is lost. Yes; possibly at first. But the ultimate rate of progress is very much more rapid. Unless the pupil learns to be of use to himself, he cannot possibly be of any use to others. And the training consists in finding out how to do it; not in doing it; that is easy, if one knows how.

And in speaking of graduates and non-graduates, Sir Ramsay says something which will be immensely pleasing to Elbert Hubbard, Victor Adolph Robinson and thousands of others. The older I get, says he, the less I believe in university degrees as a test of capacity. He also severely criticized the prevailing methods of examination: The examinations are so contrived as to elicit what a man knows, rather than what he can do.

And the following, in refernce to competitive examinations, pleases us particularly.

The pernicious system of competitive scholarships and fellowships has also contributed much to the debasement of the scientific spirit; for it has early implanted in the young mind the idea that to outrun his fellows, and to work solely for a money reward are the ends to be aimed at, instead of the joy of the exercise of a divine gift, and the using that gift for the benefit of man. It is true that to earn money is a necessity; it is in no way a wrong aim; but it is not the chief aim; and money should be earned as a reward for useful labour, not for success in scholastic competitions.

Let us hope that Sir Ramsay's address will bring some fruit.

ORIGINAL PAPERS.

[Written for the CRITIC & GUIDE.]

CHRONIC AILMENTS.

By William F. Waugh, M.D.

John Fiske said that the development of the evolution theory compelled the rewriting of history from the evolutional standpoint. The study of the phenomena of defective elimination and consequent autotoxemia compels a restudy of all chronic maladies from this basis.

Take any case of chronic disease, of the heart, lungs, stomach, or any other part of the body, and ask the question: Why does not the system throw off the malady and take on curative action? The natural tendency of the bodily functions is toward a cure, that is, to the reestablishment of the normal equilibrium throughout the body. If this does not ensue in due time, it is either because the vital forces of the body or of the part involved are insufficient to overcome the disease tendencies; or else there is a continuously acting, and self-perpetuating, cause of disease at work.

For the latter we look to the bacteriologist.

In studying the causes of defective vitality we may begin with *the eliminants*. Thoroughly empty the alimentary canal, disin-

fect it if necessary, and so regulate it that it shall be kept clear and clean continuously. Then ascertain whether the kidneys are eliminating sufficiently. It is hardly credible that we have waited so long to consider the excretion of solids. When the physician has not contented himself with a casual inquiry about the kidney action and the equally careless response that they are "all right," he has satisfied his conscience with the search for albumin, possible has taken a squint through his microscope for tube casts. But the salient fact that instead of eliminating twelve hundred grains of solids per diem his patient only eliminates two hundred grains, has escaped him entirely.

How can we look for improvement in any case where two ounces of toxic matter is retained every day in the system, and circulates in the blood to empoison the suffering organs? And while much of this must be eliminated thru other channels, how can this vicarious work go on indefinitely without causing disease of the apparatus thus called upon to do work for which it was not primarily designed? How many of the maladies affecting the skin are really expressions of protests on the part of the cutaneous structures compelled to do the kidneys' duty?

In seeking to increase the renal elimination we are apt to be confronted with the fact that there is literally no kidney to stimulate. There has been an atrophy of the renal parenchyma, unheralded, unattended by any hint calling attention to these organs, or to any disorder of the system, save the growing nervousness of that sense of discomfort without obvious cause that is too often set down to temper. Try to stimulate the renal dialyzing membrane with minute doses of such agents as oil of juniper, and after a slight increase in the elimination there is a standstill, and an increase in the dose is followed by a sudden and alarming fall in the excretion. After trying every form of renal stimulant known, the writer is convinced that in many of these cases it is impossible to increase the action of these organs.

Nevertheless we are not at the end of our resources. If we cannot increase renal elimination we can decrease renal necessities; or rather, the need for renal action. We can avoid renal irritation by eschewing all foods containing volatile oils, such as spices, condiments, watercress, alcoholic beverages, etc.; stimulants like the caffeine-bearing drinks, and more especially those foods that require especial renal action, such as the meats.

Most important is the last mentioned group. The products of defective albuminoid digestion are probably to be blamed with the renal atrophy described. They supply the most dangerous of the toxins that accumulate in the blood. The use of a diet in which the albuminoids are reduced to the lowest point compatible with health comes nearer than anything else to securing physiological rest for the affected kidneys.

How far can the limitation of albuminous foods be carried without becoming in turn a cause of disease? There is a wide difference in the individuals in this respect. We may start with the proposition that all of us eat far more of these foods than we really need or can utilize. The method of ascertaining the lowest normal quantity usable varies with the age of the patient.

In dealing with patients well under their 40th year, let the reform be radical and peremptory. The young can better bear an absolute deprivation than a gradual reduction. Begin with a diet composed solely of well-skimmed milk and freshly-pressed fruit juices. Let the latter be taken under the Mitchell rules, half a glass every four hours, a quarter-hour to be occupied in consuming this quantity. Give the fruit juice in any quantity, but best at the regular four-hour intervals. Add to this as the symptoms and appetite indicate, fruit, fresh vegetables, bread and other carbohydrates, all taken and eaten with strict attention to the rules of hygiene. Do not take it for granted that your patient, even though intelligent and well educated, knows how to eat hygienically, but instruct him in the minutiæ of the art. Possibly in so doing the doctor himself may find it advisable to look up the late authorities on the subject. The writer is doing so with benefit.

Add but one new article to the diet list at a time, and note carefully its effects upon the digestion, the elimination, and the symptoms, before adding another. Much useful information is acquired by him who thus studies his cases. Men are built on the same plan but with as many variations as there are individuals.

While a good deal of nitrogen is contained in the cereals, and in most other foods there is some, it is best not to add other richly albuminous articles unless the patient obviously fails in health for want of them. The milk may be increased, or buttermilk, whey, kumys, junket, or custards, added or substituted, as the appetite demands. But if the patient must have more albumin, let it be in the following order of choice: Oysters, fish, eggs, reptiles, mutton, beef, veal, pork, lentile, peas, beans, cheese. The first is usually least injurious, the last always most so. The list is an average one and many persons will transpose some of the articles.

The quantity of water drunk is by no means a matter of indifference. Some drink too little, many drink too much. Let this be regulated by the weight; those who are under the average weight for their height should be encouraged to drink more freely, while those who are over weight should abstain from all but the minimum allowance until within reasonable limits. If there is any beverage equal to pure water, the writer is not aware of it. During the past six months his family has been using mainly distilled water, and after becoming accustomed to the taste prefers it, and as yet no harm has been manifested.

In dealing with patients over forty years of age, the above regime should be reversed. It is not wise to insist on radical changes with this class. Even bad habits come in time to become ingrained in the nature, and to tear them up by the roots may eventuate in tearing up with them the soil in which they grow. Most men prefer to live in their iniquities, rather than to be reformed and dead. However, this does not apply to the disuse of alcohol, which should be absolute and imperative from the start. In fact, this may be taken as a touchstone as to the patient's willingness to obey and practice self-restraint for health's sake and longevity. If you cannot induce him to do this, follow the wise rule of the Vitapathist, and let some one else have the inevitable failure to his record. There is abundant evidence to show that even with aged men who have used alcohol for many years its discontinuance does not entail danger or even notable discomfort, except suggestively.

Cut off the most injurious articles, cheese and beans, and pork and veal. Reduce the quantity of the other albuminoids gradually, as the patient can bear. Let him still have his coffee, but only a small cup, and let it be progressively weakened. Cut down his meats to twice a day, then to once, and let the size of his cuts be regulated. If he has been accustomed to the use of condiments he will have difficulty in digesting without them, and the use of papayotin and pepsin with hydrochloric acid may be advisable. Also, as the condiments have been stimulating the kidneys there may be a falling off in their action if these are too suddenly abstracted.

This reduction of albumen is to be continued and carried as far as the circumstances of the case render advisable. If the health and strength obviously fail, a more liberal diet must be permitted; if the improvement is such that the equilibrium between the renal capacity and the calls upon it is established, there is no object in further restriction. But prolonged observation is requisite to establish this fact, and the patient must not be allowed to fall into the error that his "cure" permits him to throw off all restrictions. His cure is like that of a person whose leg has been amputated—he must learn to live without the missing kidney hereafter.

While the uses of drugs are strictly accessory to the principles above prescribed, they are neither unimportant nor non-essential. We have been discussing chronic ailments in general so far, and the special manifestation of organic disease present requires its special medication. The general indications call for the morning saline to clear the stomach and bowels, and prevent fecal retention and consequent fecal decomposition and toxin formation. This cleansing greatly aids digestion by putting the stomach in a good condition for the reception of fresh food. Fetor of the stools, fermentation, flatulence, diarrhœa or any evidence of in-

digestion or of microbic action in the alimentary canal requires the administration of intestinal antiseptics in doses sufficing to remedy the evil. The writer has for twenty years advocated the sulphocarbolates as the preferable agents for this purpose.

Veratrine is the most generally indicated remedy in this condition. Given in doses of half a milligram—gr. 1/134—three times a day, well diluted in water, it relaxes vasomotor spasm universally, equalizes the circulation whenever there is a disposition to undue accumulation of the blood in any part, opens every emunctory door and lets out the accumulating toxins, and imparts energy to every secreting cell in the entire organism. And this it does imperceptibly, safely and surely.

Very frequently, especially in dealing with aged patients, we find that there is need for agents to increase the general or local tone. Stop the use of stimulants and we meet a decided letting down of the system, a depression that may in truth be largely suggestive, but which is nevertheless too apt to deprive us of our patient, in this day of hungry competitors, ready and willing to substitute themselves for us in the case. Relaxation and autotoxemia breed melancholy and pessimism, and these induce the patient to quit treatment and go back to his stimulants, with the certain effect of immediate temporary relief—and confidence once weakened is difficult of restoration. All this may be avoided by attending to the vascular tonicity, and keeping it up with a sufficiency of quassin or berberine in the milder and younger cases, with strychnine in the more severe and aged ones. The dosage must be strictly for effect; in some there is needed but a milligram of quassin three times a day, given in solution so that the nerves of taste may receive the impression; in others a quarter-grain or more of strychnine is required within the 24 hours. In all cases give enough, just enough. Then in a few days the doses may be lightened, as the effects of improved hygienic regimen become manifest.

These instances are mentioned as showing how medicines are to be applied in treating chronic ailments, after the hygienic conditions have been regulated. Many others will occur to the reader, of equal importance if not of like frequency. The position of the modern scientific medicator is not that of the dealer in ready-made prescriptions for each malady, but that of the physiologist, pathologist and THERAPEUTIST, who sits by in watchful readiness, prepared to meet every indication arising with the appropriate remedy. He does not treat any disease *per se*; he gives his remedies to meet any condition that arises in the course of that malady, seeking ever to obviate the tendencies to death and increase the vital forces that resist disease.

SUBSCRIBE FOR THE CRITIC & GUIDE!

A PECULIAR CASE.*

By J. C. Luke, M. D., Ocilla, Ga.

MARCH 8, 1901, I was called to see Miss B. J., who had been suffering for three months with some trouble which had been diagnosed first as hepatic abscess, then chronic indigestion, and lastly ovarian cyst. Her condition at my first visit was as follows: Temperature, 101, pulse 120, respiration 30; patient semiconscious. Examination revealed a large tumor in the right hypochondriac region which was very painful on pressure. On questioning the mother, I learned that this had been growing ever since the beginning of her sickness and also that she had been troubled with obstinate constipation, the bowels being moved with great difficulty.

I administered strychnin sulph., 1-30 gr., and morphin sulph., gr. 1-4, hypodermically, and ordered an enema of warm water to be given every six hours until my return the following morning. At that time her condition was somewhat improved. Temperature 101, pulse 110, respiration 24; some nausea was present. The tumor was still very tender to the touch. I therefore decided to aspirate and determine its contents. This I did with an ordinary aspirator, and withdrew a quantity of a coffee-colored fluid. My assistant then administered chloroform, and I made an exploratory incision, 3 inches long, to the right of the umbilicus and a little above it. After incising the abdominal wall a tense cyst came into view, which I punctured with the scalpel, and, to my surprise, nearly 3 quarts of dark fluid escaped. Inserting a drainage tube into the cavity of the cyst, I thoroughly washed it out with a hot carbolic solution, and closed the incision about the drain which was left in place. For the first week I irrigated every day, but as she was making such rapid recovery, allowed her to do the cleansing herself after having carefully instructed her. At my next visit, four days later, I found her improved, but the drainage tube had disappeared, and she thought she had lost it while getting up at night to urinate. As she felt well I gave the matter little attention, and had her wash out the cavity by inserting the nozzle of a syringe into the external opening. This was kept up until the wound was completely healed.

She made a perfect recovery, and was able to attend fully to her household duties, when, on June 10th, about three months after the disappearance of the drainage tube, she passed it from her bowels during a stool. It was in as good a state of preservation as when I introduced it into her abdomen. Now the question comes up, how did this tube find its way into the bowel. Was it a case of cyst of the gallbladder, and the tube passed through the common duct into the intestine, or did it pass directly into the gut thru a perforation without giving rise to any trouble? I am inclined to adopt the former view, altho it seems strange that is should have taken so long a time in passing.

*Inter. Jour. Surgery.

[Contributed to CRITIC & GUIDE].

ARE MEDICAL MEN "EASY MARKS?"

By Gustavus M. Blech, M.D.

The caption of this contribution tho far from being elegant is, to say the least, expressive of what a good many individuals, especially patients, as well as so-called professional charity workers and some otherwise reputable business concerns regard us to be. Many contributions to medical literature, in commenting on the economic status of our profession, have repeatedly expressed themselves that, as a class, we are the least respected among the professions tho by far the most utilitarian the most under-paid and the most abused. I would add to this that it is not only our own patients who seem to take delight in cheating us of what is justly our due, but that rich business concerns, doing business in the city, are making systematic efforts to grab our bread from our lips, by going to them with the offer of drugs and medical help, and then have the nerve to appeal to us to turn the rest of our hard-earned dollars over to them for supplies. Personally, I am not inclined to engage in polemic writings, but there comes a time when "forbearance ceases to be a virtue" and for reasons which will be evident from a perusal of the following lines, I decided to recite to my professional brethren a few experiences and observations which may and should prove of great benefit to the readers of this journal. Great thanks are due the fearless editor, Dr. Robinson, who proved courageous enough to accept this article for publication after several others had declined to publish it, probably for but one reason, viz., the fear of losing an advertising patron.

Exempla docent Instead of tiring the reader with lengthy discussions I will cite a few illustrative cases, which will require no further comment.

Not unlike many young practitioners the writer in the earlier portion of his career used to be afflicted with a chronic anemia of his pocket-book of the pernicious type. I worked and toiled faithfully enough, spent my last dollar in order to have my laboratory and workroom equipped with the necessary appliances required for scientific work. Convinced that an appreciative clientele would certainly reward me, I was ever ready to do my utmost to relieve sufferers, their cure being the first thing in my mind, the "filthy lucre" (alias fees) only a secondary considera-

When the rent man came around I was frequently embarrassed and once the impudent landlord had the nerve to threaten suit, but I kept on listening to the lamentations of the patients and their tales of woe just the same.

One patient cured me. It was a case of collapse due to an internal hemorrhage from a ruptured tube from ectopic pregnancy. Death was on the patient's countenance. Operation was pro-

posed and accepted and I ordered the woman sent to the hospital. Before leaving the room the husband asked what my fee would be. The husband was a fruit vender and therefore far from rich. I named fifty dollars; he seemed pleased, and implored me to save his wife. A few hours later I operated. For two weary weeks I was watching the case and at last sent her home cured. Shortly afterwards I sent my bill. The husband called me up on the 'phone and assured me that 'he would pay me "next week" as business is very dull.' I waited three weeks and as the man did not show up, went to his house. Webster's Dictionary turned green with envy at the word-effusion expressing his satisfaction and gratefulness, but 'business was still dead and the times so hard that they could hardly exist.' As luck would have it I returned one evening from a late call when on passing a popular theatre just as the audience was coming out, I saw my patient, richly bejeweled, emerge from the house of pleasure on the arm of her husband. My blood was at 212 F. To think that I, the aspiring surgeon, must work day and night and then have to worry over my ordinary expenses, while these people—Well! when a man's blood is boiling he does things that he is sometimes sorry for. This time, however, I was not, for I stopped the couple on the street and told the man that 'unless the "hard times" stop by tomorrow noon my attorney and his constable will see to it that they do!' The next day I was able to meet some financial obligations anyway.

In my immediate vicinity lived a young surgeon. I had frequently met and talked with him and cannot say that he knew all there was to be known about surgery and pathology. In fact I saw a few cases with him which convinced me that a little more learning on his part would have done the patients and the surgeon a lot of good. I confess that I was inclined to treat with a little contempt his diagnostic ability. Imagine my surprise when this gentleman told me he was about to buy a nice house in an aristocratic neighborhood; and what surprised me more, he really did buy the house. I told him that I did not believe in the acquisition of real estate (I lied) and when he left kept on pondering.

Sometime later a woman complained to me that this same surgeon was called in by her to see her son who was suffering from appendicitis and that after the lad was at the hospital and a week's stay paid for, the doctor refused to operate until his fee of one hundred dollars was paid for in advance; they had to go and borrow the money. Tho a month had elapsed since the operation, the boy was still ailing and they regretted having given the doctor a cent. When she left I could not help but think that had I the business talent of my young confrere I would have earned, perhaps, less flattery but money enough to buy a house. Well, I swore off; but I broke my pledge again and again, not as often

tho as before and while I still do not believe in the acquisition of real estate (?) I am not afraid of the landlord!

I cannot dismiss this subject without offering a well-meant suggestion. If practitioners would insist that their patients pay cash at the time of the service, as far as possible, and settle all bills promptly, their bank accounts would soon double. My experience has taught me that patients are willing to pay—while they suffer. In fact they think more of a doctor who seems to value his time and services. The physician who depends on the gratefulness of his patients to do business for him is a dreamer. Of course, one cannot "squeeze blood out of a turnip" and I would advise no one to refuse gratuitous aid of the worthy poor, but we can do better than we do if we will, and we are veritable business chumps if we don't! Our very dilatoriness in a business way lays us wide open to attacks from all sources.

The *Dispensary evil* is too well known a subject to need more than a few words. Those who are not connected with a dispensary are bitterly against those who are, believing that the gentlemen on the staff are robbing the general practitioner of patients who would come to them were there no dispensary. While there is some truth in this, the staff physicians are not to be blamed; they are anxious to acquire knowledge and fame—and that is human and praiseworthy. I cannot say that well organized dispensaries run on a business basis, do the body medical any harm. If every patient who applies for treatment at a dispensary was investigated (as is done at Rush Medical College and other institutions and only those who are really unable to pay a doctor treated there would be no financial loss to the private practitioner. The physicians in any community have it in their power to see to it that their dispensaries are run on a basis as suggested above. If the trustees are unwilling to do the right thing, the members of the staff must be influenced. The members of the staff as a rule are either specialists or about to take up a specialty and therefore are anxious to secure a consultation practice; hence they cannot afford to oppose the majority of their colleagues.

One of the most vicious enemies the profession has to contend with is the patent and proprietary medicine manufacturing quack. I use the word "Quack" advisedly. The manufacturer of patent and proprietary nostrums is little less than a murderer, for in flaming advertisements he holds out false hope to the ignorant and credulous, who suffer from "all the ills that flesh is heir to" be they real or imaginary. A perusal of the literature sent out by manufacturers of such nostrums would convince any physician that the highwayman is an "ethical" gentleman compared with these fellows who care naught for the welfare of their customers, as long as the shekels roll in.

I will cite but one case to show that I am not using empty *phrases*. A gentleman, fifty years old, commenced to suffer from

bladder trouble; he had dysuria, hematuria and vesical tenesmus. The symptoms pointed to stone or prostatic hypertrophy. A physician who was consulted warned the patient that, while a positive diagnosis could not be made at once, the case was one not to be trifled with and advised the patient to come to Chicago to consult a specialist. Several irrigations and urotropin brought no relief and the patient did not return. The catchy ad. of a certain "kidney and bladder medicine" in his local paper induced him to send for a bottle; he felt a little better after using "a few doses" but the trouble soon returned. He wrote the firm and the manager kept sending all sorts of bottles. Once he sent a specimen of his urine and the manager charged him three dollars extra for "submitting his case to the special consideration of his staff of medical experts." A week later he came to Chicago in a precarious condition. His urine was laden with pus, blood-cells and casts. The cystoscope revealed a villous tumor near the neck. The neglected cystitis produced by this tumor was followed by a pyelo-nephritis. Even the removal of the tumor cannot produce a regeneration of the badly diseased kidneys. He is doomed—killed by the advertising manufacturing quack. Had he received skillful help a few months before, he would now be in good health.

Verily there be pirates upon the medical profession and suffering humanity galore. We were more or less thunderstruck to discover this week that so well known a firm as Sears, Roebuck & Co. of Chicago, who having a multi-million dollar general mail order house, and after establishing a department of physicians and surgeons' supplies embracing almost about every implement used in medicine and surgery, and after sending price lists and catalogues to the doctors all over the Union, are also flooding the country with blatant and most quackish advertisements and catalogues, virtually teaching the public how to treat themselves for all possible ills by means of their "famous" medicines and appliances and without the aid of the physician, the "suckers" for whose trade they also cater. I was thunderstruck, because that firm with its immense capital can literally flood every town, village and hamlet with its literature and on account of its well-deserved popularity in general lines will be met by the uninitiated with confidence that is therefore all the more dangerous.

And that very firm while doing all this has the effrontery—the unmitigated gall to ask the doctors, to whom it is doing inestimable harm, to contribute to its profit millions, by purchasing from them their surgical instruments, suturing materials, dressings, electro-therapeutic appliances, medicines, medicine cases, etc. Surely that firm must be under the impression that we doctors are either veritable brain-addled "suckers" or excellent Christians that we will turn the other cheek after having been smitten on one—smitten with a left-hander in the dark!

A former student of mine sends me some of their literature. I confess that I am so dazed from what I have read that I scarcely know how to report it. One booklet has the innocent title: "Electric Belts." Of course, Sears, Roebuck & Co. have a right to sell electric belts. They are in the mail order business and since certain people want electric belts they might as well sell them as any other firm. But Sears, Roebuck & Co. are not content to do that only; they love their customers and warn them against advertising doctors who make extravagent claims promising cures in every case and later resort to blackmail. Sears, Roebuck & Co. are willing to allow their belts to be "judged solely on their merits." If a customer does not know whether his case is a suitable one for electric belt treatment, all he has to do is to write them a letter and their experts will decide the case.

Here are a few headings from the booklet:

"What is Varicocele?" "The Effect of the Current on Varicocele." "Night Losses or Wet Dreams Cured." "How to Check Hidden Drains." "Sexual Feebleness." "Excessive Dissipation Causes Sexual Weakness." "Seminal Losses."

The ladies are appealed to wear their belts. "Powerful" testimonials are not wanting.

A more pretentious book is entitled "Drugs." "Brown's Vegetable Cure for Female Weakness" is the first "drug" advertised. "Women, do not suffer so! Brown's Vegetable Cure *will cure you.*" "It is the most marvelous remedy known to the Medical World to-day." "Prolapsus, irregular and painful menstruation, inflammation and ulceration of the womb, flooding, ovarian difficulties—are the diseases "cured." (?) The same remedy is recommended as a "prophylactic"—for what? Against what? Can't you guess? The laity can.

Shade of Marion Sims: And a large bottle costs only 55 cents.

Here is a partial list of the diseases for which relief can be had from that firm:

Rheumatism; Gout; Sciatica; Neuralgia; Lumbago; Piles; Constipation; Catarrh; Consumption; Dyspepsia; Leucorrhœa; Falling of the Womb; Delayed Menstruation; Ovarian and Fibroid Tumors; Cancer of the Uterus; Opium, Whiskey and Tobacco Habit; Seminal Emissions; Lost Manhood; Varicocele; Gonorrhœa cured in one to five days!!!!

The public—well never mind the public. "Populus vult decipi ergo decipiatur" was known to old Barnum. But we doctors! are we going to remain "suckers"? Are we imbeciles? Will we be led by the nose?

There is just one way to successfully oppose these evils. First of all by enlightening the public by honorable and respectable means regarding all kinds of graft upon them and then by withholding our patronage from such firms as are injuring both the public and their profession. The truth will come out—but it takes

time. Meanwhile the cashiers in the patent medicine houses are kept busy—and the gullible public and the suckery doctors pay the bill.

Chicago, Ill.

[Written for the CRITIC & GUIDE].

THE ROYCROFTERS OF EAST AURORA.

By Victor Adolph Robinson.
Of New York and East Aurora.

Lest it seem strange that an account of the Roycrofters be given in a medical magazine, as the Roycrofters are a community who have never caused the physician to work overtime, let the fact be stated that were it not for a doctor, Roycroft never would have come into existence, as the founder of Roycroft is Elbert Hubbard, and the founder of Elbert Hubbard is an M.D., pure and simple; still alive, but not very active, tho but 84 years young.

But I am to say nothing about Elbert Hubbard, except in connection with his workers. Elbert Hubbard, the most intense and interesting individuality in America to-day; her boldest, most original writer, is a man I am gong to write a book about, not a few paragrafs.

"Do your work as well as you can, and be kind," is the ideal the Roycrofters are living up to. They carve upon their doors, and print upon their walls, "Blessed is that man who has found his work"—which, however, is somewhat unnecessary, as they themselves are living testimony to the fact.

The Roycrofters do not differ essentially from other workers, but as a rule they are healthier and happier, as they work under natural conditions. They are not continually watched; the terrifying footsteps of the coming boss are unknown; they do not work in dull silence; those who came with dimples, leave with dimples; if a humorist comes to the Roycroft chapel, a bell is rung, all work is stopped, and all tramp out to hear the fun; if a circus passes, they are not compelled to peer longingly thru the windows, they go outside, there's lot of time; in the evening they go to the Roycroft ballroom and dance; on the grounds are sets of croquet, and hand-ball, see-saws and quoits are in evidence; shower-baths may be had, except when the cooks are foolishly allowed to take advantage of their coolness, and store the preserves there; beautiful gardens, flowers and trees, lend their charm, and the very atmosphere is conducive to the development of Head, Hand and Heart. Frederick Harrison, the greatest living Positivist, as usual spoke the truth when he said of Roycroft. "The whole place is an object lesson in useful industry—a song—a solemn hymn of labor."

The workers make beautiful things, make them as well as they can. They print books, and bind them, and illuminate them. They do artistic work in leather, weaving, and wood-carving;

make furniture so substantial, that were you to buy it for an unborn son, and he lived to be a hundred, it would still be good enuf to transmit to his heirs. The iron-work is unique and curious, all done by hand, and to create a thing of beauty is a joy forever.

The blacksmith is an expert, makes anything from a nail or hinge to a chandelier or pair of andirons. But this blacksmith is not satisfied with doing work merely with the hands. He is a linguist, and when the fancy strikes him (even tho his name is adorned with the mighty Mc), he dashes off his correspondence in Spanish. He teaches during the winter large classes in Greek and Roman History. He is an economic student, and every little while mounts the platform, and informs the public of the fact. Also, he is the proud owner (but not master) of a temper, which at times is slightly unfettered, and allowed to run around loose.

We come to the shoemaker, and once more tradition is laughed at, and custom set aside. The typical shoemaker is, or is supposed to be bowed, bent, and weary. I smile as I write this, and think of the shoemaker of the Roycrofters—he is so big, cheery, full of life and laughter. He is lame, but the only reason you know it, is because you see his crutches. He is a musician, and when a crowd wish to be amused, and gather under the trees, this musical shoemaker does not stick to his last, but brings out his instruments, and plays and sings. Then he imitates animals somewhat lower than himself, or mimics the singing of ladies whose voices have been slightly cracked by age, or better still, the classic songs of Rose Hubbard Weinstein, in a way which would cause that young lady, if she heard him, to vow like the holy Catherine not to open her mouth for nine years.

The gardener mixes his flowers with Socialism, and they grow well.

There are few laws at Roycroft; Hubbard has small faith in them. But there are some laws relating to the grass. For instance, "Don't kneipp on the grass with shoes on," and the esay, "What's the sidewalk for?" Let me tell you something. One day Elbert Hubbard was kneipping on the grass with shoes on. And a young lady sitting on the piazza, called out in her saucy feminine way, "What's the sidewalk for?" The eyes of the Sinner of East Aurory opened in mild surprise; he was completely vanquished; he had broken his own law, and that brilliant tongue of his could make no reply—so he stuck it out.

The Roycroft shop is for workers, and all who want work, get work. No one is turned away, no first class references are required. A man came along one day, and he had no recommendation except a pallid complexion, as his last empolyers had been the State authorities, at that enticing institution called Sing Sing, where strife is unknown, because all dress alike, eat the same food, are warmed by the same fire in winter, and fanned

by the same breezes of the River Hudson in summer. But this man tiring of the quiet life was released, tramped along and struck Roycroft, begged for work, and now he is the head manager of the Roycroft shop.

A girl, nearly blind, deaf and dumb, got off at the East Aurora station, four years ago. She clutched in her hand a little newspaper clipping which said that no one had ever been turned away from the Roycroft shop. Many miles and many days she had carried that precious clipping. That was four years ago, and the girl is still at Roycroft, useful, helpful, cheerful, sits at the same table with the Hubbards, dresses in pure white, does her work as well as she can and is kind, folds circulars with marvelous, incredible speed and accuracy, expects to get well, is a burden to none, an optimist, a sister true to Helen Keller.

But in no sense of the word is Roycroft a charitable institution. You never get here something for nothing, unless you steal a book. Hubbard does not believe in charity, does not believe in giving a man a dollar—he believes in giving him a chance to earn a dollar. He does not believe in helping people, he believes in giving them an opportunity to help themselves. "I would not lighten your burden," says Hubbard, "I would not lighten the burden of a single man, I would give you increased strength to bear it." From first to last, with all his literary and artistic genius, he is a business man, a fact which I do not approve of, but unfortunately Elbert Hubbard has forgotten to ask my advice on the subject.

It is hard at Roycroft to distinguish visitor from worker, to tell those who pay to stay from those who are paid to stay. They eat at the same tables, sit together at the musicales and lectures, and usually the visitors copy the dress of the workers. If you see a man hoeing, or pitching hay, or weeding, or shoveling manure, do not think he is necessarily a common workman, he may be a musician, an artist, an editor, a lecturer, a professor, and have several degrees after his name which he is trying to get rid of.

Work is hell under improper conditions, but a most useful and necessary joy under proper ones. So proper are the conditions at Roycroft, that several of us are paying a college year's money for the mere exquisite privilege of being allowed to work. Like Thoreau, I have labored hard to earn the reputation of being lazy, but if you come to East Aurora and wish to see me, do not look for me on the chatty veranda. I am not there. Come rather into the blacksmith shop, and when you see some one in a pair of overalls, a blue flannel shirt with sleeves rolled to the elbow, grasping the sledge ready to strike while the blacksmith holds the iron, you may end your search. It is I. Hubbard, himself, goes around the greater part of the day in overalls and a flannel shirt, chopping wood or shoving lumber. One day a visitor drove

up to the Roycroft shop, and seeing Hubbard at work, and not knowing who he was, called out to him, "Hey, John, hold my horse," a command which was obeyed, and then the visitor went inside and asked if he could see Mr. Hubbard; and since then Mr. Hubbard's name has been John.

Different notes in the Roycroft tune appeal to different temperaments. Those artistically inclined, find their chief pleasure in lingering over the beautiful books and bindings, and the carved and illuminated mottoes, and the weaving; those with a mechanical bent of mind, turn a critical eye upon the structure of the buildings, and study the furniture and iron-work; those interested in social and industrial conditions, spend their time talking to, and observing the workers.

But they who come into close mental contact with Hubbard, are the ones who receive most. East Aurora without Elbert Hubbard is not Concord without Emerson—it is much less than that. If every Roycroft press became clogged, and ceased to work; if the workers vanished; if all the books became yellow and old; if the mottoes on the walls faded; if the furniture rotted; if the iron-work crumbled to dust; if every stone in the buildings came clattering to the ground in a huge smash; but if upon the ruins of it all there sat Elbert Hubbard, the place would still be worth a journey of 500 leagues—that being the distance Mme. de Staël said she would travel to look upon a wise man.

"What benefit have you derived from the Roycroft shop? a woman asked me. "Have you bound any books, or painted any mottoes?"

I told her no.

"The shop does not seem to have done you much good," she remarked.

I smiled, but did not explain her anything. But the fact stands that I drank in the keenest joy that night I spoke on Whitman, and Hubbard pressed my hands and murmured something, and then his little daughter came on the platform, and handing me a book, lisped, "Father sends this with love." We are limited only by our capacity to absorb. I absorbed worlds.

Roycroft has been in existence only nine years, but already its educational plan is of value, and when another nine years roll by, the graduates of our universities may come to Roycroft to "finish their education." And here they will hear the truth stated that education should end with life, and not with college. The workers at Roycroft are welcome to all the classes—classes in literature, language, music, history, art and science. Then, of course, there are numerous classes in all sorts of manual work. The atmosphere is intellectual. From the walls look forth portraits of the saviours of the world, portraits of Spencer, Humboldt, Huxley, Socrates, Whitman, Kant, Ingersoll, Emerson,

Copernicus, Galileo, Thoreau, Tolstoy, Kropotkin, Schopenhauer, Voltaire, Lincoln, William Morris, Wendell Phillips, John Brown, the great musicians, authors, painters, astronomers, emancipators —those who kept the torch of liberty burning. The Trinity of men most in evidence at Roycroft are Emerson, Ingersoll and Whitman.

Famous men and women come to this little country town and talk. The workers have a chance to hear all—they are "limited only by their capacity to absorb." Roycroft has been visited by such authors as Thomas Wenthworth Higginson, James Whitcomb Riley, Richard Le Galliene, such actors as Joe Jefferson, Maude Adams, David Bispham, such fattening agents as Marshall P. Wilder, Henry Clay Barnabee, such iconiclasts as Hugh O. Pentecost, Henry Frank, Ernest Crosby, Clarence Darrow, John E. Roberts, such fakirs as Paul Tyner, William Walker Atkinson, etc., and since I am writing for the enlightenment of the dear public, it becomes my stern duty to relate the sad fact that Roycroft has also been visited by Theodore Roosevelt, Senator Beveridge, and Bishop Vincent; Ella Wheeler Wilcox has threatened to come, but as yet, hasn't; George Wharton James, the friend of Joaquin Miller, red Indians, and white women has spoken at the Roycroft chapel, as have James Burton Pond, the most successful of all lecture-lyceum managers; J. T. Codman, the last survivor of the Brook Farm experiment, which is the most famous literary episode in our history; and Col. Hinton, the last survivor of the John Brown gang; also Old John Burroughs trudged along one summer's day, chewing a straw. But Roycroft has never had a more interesting visitor than Golden Rule Jones—brother to Elbert Hubbard. Golden Rule Jones made arrangements to be again present with the Roycrofters during the summer of 1904, and speak about the good grey poet, but "lovely and soothing death" made other arrangements, so Jones went to sleep with a smile; and one day, not so many months ago, unable to resist the temptation, the editor of the CRITIC AND GUIDE wiped his busy fountain pen, and placing it in his pocket, journeyed to this town of "East Aurory, where we work for art and glory."

The Roycroft Chapel is worthy of attention. Half a hundred paintings by the Roycroft artist, Alexis Fournier, ornament its walls; from its piano, master hands draw forth at will, joyous or touching melody. But there is something better in this chapel than its paintings, something grander than its music—there is in this chapel, a Free Platform. From this Platform all are at absolute liberty to advocate Catholicism or Atheism, and all that lies between. Upon its tolerant boards, Orthodox and Radical meet, and the only blows are ideas, and there are no victories save those of thought and reason. The man Hubbard is an infidel, but his platform is open at any time to any minister of the

gospel; he is an optimist, and he allows a pessimist to read essays on Schoppenhauer.

The result is that Roycroft is a great liberalising influence, and the little town of East Aurora, with its population of twelve hundred, is not nearly so narrow nor bigoted as most towns of its size. All people in East Aurora are not of one mind. They do not all believe as their fathers believed. Many here have swung out from stagnant slops, and are now proudly sailing away on the high seas of free unfettered thought.

"Are you a socialist?" I asked one of the girl workers.

"Yes," she shouted back, "I am a socialist, a free-thinker, a vegetarian, and everything else like that."

* * *

"A little more patience," says Elbert Hubbard, "a little more charity for all; a little more devotion; a little more love; with less bowing down to the past, and a silent ignoring of pretended authority; a brave looking forward to the future; with more confidence in ourselves, and more faith in our fellows, and the race will be ripe for a great burst of light and life."

But it seems so hard to have this little more patience and love; it seems so hard to cease bowing to the past, and to silently ignore prenteded authority, that Utopia becomes a dream for dreamers, to be realised only in the far and fanciful future. I have heard Hubbard say many times that this is a beautiful world, but when he says so, he does not think of the world, he thinks of East Aurora. This world is not beautiful; it is the abode of sorrow, and upon every hand there struts the gaunt pinched familiar face of misery. Life is short, I am told, but it seems too long for many, if suicide tells a story. Every whirl of the Carolina cotton-mill drowns the sob of a baby; in the carpenter shops of Michigan, among the boards and the shavings, women toil; breaker-boys sit in the coal-mines of Pennsylvania, and wear their lives away; dive, slum, and saloon, yawn and catch; the sweat-shops of Hester street, New York, are open day and night—open for young children to die in; girls tramp the streets at night selling body and honor for bread; strife, hatred and stupid misunderstanding are everywhere in evidence; conditions, social, economic and industrial, are rotten to the core—and when I dwell upon these facts and then see the beautiful spirit which pervades Roycroft—Roycroft where there are no tears, and there is no sorrow; where all is laughter, study, work, song and play, then I realise that Elbert Hubbard has accomplished a work which entitles him to have his name carried down the ages, entitles him to take his place among the Liberators of Men.

Roycroft is Utopia—a realised dream. Do you wonder how to-day such a place can exist? Raise your eyes and you see a great personality. Roycroft, and what it stands for, exists, because behind it all looms a man—a man called Elbert Hubbard.

DOCTORS VERSUS NATURISTS.

By Michael Monahan, Editor of "The Papyrus".

AT PRESENT a wild and whirling war is being waged on the doctors. The physical culturist is abroad in the land. So, too, is the Nature man with his loathly arm-pits and his nucivorous appetite. The magazines and Sunday supplements are made terrible with pictures of fat men and women who have put off pus and acquired pulchritude by heroic exercise and dieting. The whole pharmacopœia is damned. Throw physic to the dogs, is the cry of thousands who never heard of the Thane of Glamis, but who swear by Macfadden. The latter modestly asks the shrinking Mr. Rockefeller to endow him with a few millions so that he may go on with his great work of saving the human race by a diet of nuts and vegetables. At latests reports Mr. Rockefeller was still shrinking.

Elijah Dowie denounces all doctors as sons of the Devil and proudly declares that there is not a man of physic or a pill in Zion. The trouble now in sight, however, is that the Nature quacks will soon be as numerous as the disciples of Esculapius. Schools of correct breathing, anti-pus gymnasiums and restaurants where nature's food is served with the roots on, are springing up all round us. The rage for physical culture has seized upon all ranks and ages—children of tender years and doddering old men, young slips of girls and matronly women (whom I blush to see in ring costume) are enlisted in the craze with equal enthusiasm. Infant prodigies in a physical way no longer attract any notice but the slightest, so common have they become, and a promising athlete of ninety will hardly win more than a casual glance. The name of their teachers is Legion. Every "massage man" has been compelled to tune his pipe to the new gospel or lose his following. Hence a present panic among the long established fakeophants.

There is safety in a multitude of counselors, says the Good Book, but surely it is not less difficult to find it among the prophets of the new dispensation than in the ranks of the licensed practitioners. Macfadden tells me to eschew beef and live on nuts—a striking piece of advice and perhaps valuable, if Nature had adapted my stomach to act upon it. The Nature men shoo me to the woods, but alas! I am confirmed in the habit of civilized life. The Fra tells me as above and his counsel is good, though rather too obvious, like everything he gives us. Dowie invites me to come to Zion or else go to hell—and I am unwilling to do either.

Another thing that repels me, on account of my too large share of native modesty, is this: The naturists generally believe in securing health by the most liberal exposure of their persons, or in other words, by wearing as little clothing as the law will stand for. At least they are always so represented in the pictorial prints. If this utterly Greek frankness were compensated by a degree of Greek beauty (oh, I am not now thinking of the

ladies!) sensitive minds would have no just cause to complain. But such, alas! is not the case, in the present degenerate state of physical humanity. The ideal of the naturist seems to be "Perfect nudity, perfect health", and this ideal is perhaps not so remote from realization as the scoffer may believe. In Mr. Macfadden's publication I saw lately the picture of a man who is leading a joyously natural life somewhere in the Wilds of Arkansas. But even there, in that boundless contiguity of shade, it seems he is not wholly free from certain hampering social conventions. Though he lives chiefly on nuts and a green diet, though he sleeps in the fashion of arboreal man, yet is he not entirely happy, for the fetish of public prudery prevails even in that wilderness and compels him to wear a breech-clout. And he complains bitterly that while society forces this degrading restriction upon him, he can not hope to attain the highest physical development!

I think the moderate naturist is justified in a part of his gospel. Swilling, gorging, guzzling and lack of exercise are the prime causes of a great deal of sickness and have undoubtedly contributed to the physical degeneracy of the race. Let us take man from the trough and the doctors will lose half their occupation But I do not believe that even then we could afford to dispense with true medical science, nor indeed while our nature labors under the decree of mortality. For it *is* a Science and the noblest science of all, in spite of Dowie, Mother Eddy and the whole tribe of gyrationists. The history of that science is the brightest page in the annals of humanity. It has corrected the unkindness of Nature and made the world a better place. It has ransomed no small part of the human race from the sentence of untimely death. It has furnished the most illustrious examples of self-sacrifice and heroism. It has in an earlier day fought the battle of humanity with the forces of priestcraft and bigotry. It has performed the only authentic miracles of which mankind has any record. Unlike the science of religious dogma, to which no advance is possible, it has made slow but sure progress from the dark ages of history to the light of the Twentieth century. It has made many mistakes, to be sure, and it has frankly acknowledged them. Again unlike the science of religious dogma, to which the admission of a single error would be fatal. Grandly has the true medical science redeemed its errors. To-day, everywhere throughout the civilized world, it is giving sight to the blind, hearing to the deaf, limbs and movement to the halt, hope and joy to myriads under the sad burden of sickness. It is achieving thousands of unreported miracles in its endless duel with disease and death. For the miracles of religion ended long ago, before the taking of reliable testimony came into fashion, while the miracles of true medical science go on forever. . . .

No, we shall not throw the doctor overboard just yet—it will *be time* enough to get rid of him when the millennium predicted

by the naturists is upon us. And dear me! come to think of it, he has been preaching to us all these years the better part of the gospel which Macfadden and the rest are proclaiming as a brand-new discovery. Even the formula of nuts and vegetables is older than Galen.

HOW WE SHOULD TREAT RHEUMATISM.*

By J. W. Palmer, A.B., M.D. Ailey, Ga.

Member American Med.-Ass'n, Member of Georgia Stale Medical Association and Secretary of Seaboard Airline Surgical Association.

Rheumatism the bane of the human race, is the name used to cover all inflammatory and painful affections of the fibrous tissue about the joints, and in the muscles, which depend upon some constitutional morbid state or infective process. The word rheumatism is apt to bring rather a confused idea of many possible conditions of disease, to cover many mistakes in diagnosis, many errors and negligences. It has been applied without sufficient discrimination to a great variety of disorders which, except pain, have but few symptoms that connect them together. Therefore, when we say rheumatism, the most of us include arthritis deformans, rheumatoid arthritis, neuritis, and myalgia. When we make our diagnosis correctly and call it rheumatism, the prognosis is very favorable, as simple rheumatism is fairly easy to cure under our present therapeutic methods; but if it be neuritis, it is much more difficult to cure; and if arthritis deformans, it is very hard to cure under all circumstances.

In the treatment of rheumatism two things are essential—patience and perseverance, both in the patient and physician. One thing about rheumatism is that the patients rarely die of the disease, which makes their number greater.

Having determined it is purely rheumatism that I have to deal with, I proceed to treat it as follows: The first essential of a cure is the rectification of a torpid liver; careful attention to the stomach or the digestive tract, and the elimination of uric acid, as it may yet be the cause. My armamentarium is drugs, hot air, and electricity, combined or taken separately. In treating rheumatism I divide it into two classes for therapeutic purposes—acute and chronic. If the acute stage is properly and thoroughly managed, there will rarely be any chronic stage to consider, but this could not have been said before the advent of hot air.

In giving drugs, which I consider the least of my treatment, we wish to saturate our patient with salicylates, and this is best done by giving salophen first and aspirin second, given alone or in combination. Aspirin is best given in doses from 10 to 15

*Read before the Association of Seaboard Airline Railway Surgeons, Atlanta, Ga, June 1, 1904.

grains in sugar of milk, to be stirred in a tablespoonful of water just before taking, repeated every four hours; or salophen and phenacetine, 5 grains each, every four hours. In chronic rheumatism the effects of salophen and aspirin are aided by the local application of mesotan. Some cases in which the former fails, this relieves. This is the best remedy I know of for muscular rheumatism. It is quickly absorbed by the skin, as shown by the rapid appearance of salicylic acid in the urine, in one-half hour afterward. It is best prepared as follows: Benzoinated lard and mesotan, ää ℥j. The lard is first melted and then mixed with mesotan, and applied every three hours to painful parts. The power of the drugs is increased twofold by hot air; in other words, hot air, through its power of relieving stasis and stimulating sluggish metabolism, renders rapid and effective the assimilation of the appropriate remedies; the general trophic centers are not subjected to drugs, pain, or unendurable toxin depression, so recovery is rapid and satisfactory.

In acute rheumatism hot air is usually sufficient, and it can be applied with the limb apparatus, and it is not necessary to use the body apparatus; if more than one limb or parts are affected, we should use as many apparatus at one time as possible. Have your apparatus in a room of even temperature; have patient shrouded in wrapper or gown, and cover parts affected by wrapping in Turkish towels, two thick; then apply roller bandage, so the towels touch every particle of the affected parts, for if there is a small area uncovered it will sweat and blister. I had one blister with a patient, and it healed stubbornly. The local treatment should be applied at least twice a day, at a temperature of 400° F., for an hour, until soreness and pain in the parts have entirely disappeared. When the pain returns, after the treatment, the same may be applied again at once. Usually twenty minutes will remove the pain from the most violent cases, and will be free from pain for several hours. We should repeat this application when pain returns, and by so doing the patient can be kept from much discomfort during the whole period of convalescence. It is helpful for the affected joint to have rest, as it is the fibrous element affected in rheumatism. I do not use massage, liniments, or any external application except mesotan, as previously described, as they are uncalled for and useless, but it is well sometimes to do up the limb in absorbent cotton or flannel. When one is prone to use salicylic acid, if it is done in conjunction with hot air it will be an extremely rare occurrence to have any sort of systemic disturbance, because local metabolism is kept at its point of greatest activity and assimilation is rapid and complete, while less of the drug is required to be introduced into the system. This is very important, because of the irritative tendencies toward the stomach and kidneys, and its depressing influence upon the

heart; it sometimes so impairs assimilation and metabolism that it destroys its own effectiveness by rendering impossble its ingestion in sufficient quantity.

Electricity in acute rheumatism is equally as efficient as hot air. I have relieved cases of acute articular rheumatism in five days with static electricity. I would first give thirty minutes' treatment of the Morton wave current to keep up active metabolism and rapid and complete elimination. I then give the brush discharge for thirty or forty minutes over the seat of the inflammatory process, for relief of pain and swelling, and also for local metabolism. There is no comparison of galvanic and faradic with static electricity in the treatment of rheumatism.

Diet.—The patient should be fed as would a person sick with any other disease which had impaired his power of digestion and assimilation. Plenty of liquid diet, in the form of milk (as much as one quart or more per day, water, carbonated or plain, or lemonade.

In chronic rheumatism the drug treatment differs very little from that of the acute form. The hot-air treatment differs very little from the acute. As pain is not so severe, the treatments are not so often repeated or given when hot air is applied. I do not get as good results with hot air in chronic rheumatism as in the acute, but it is in chronic rheumatism where electricity gives marvelous and gratifying results. Morton, of New York, says: "I can say in general that of every form of treatment I have tried, I have found none in any way comparable for relief and cure to the electrostatic treatment."

In treating chronic or subacute rheumatism with static electricity, first administer the Morton wave current for thirty minutes, applying the tin electrodes to the affected parts, then administer the long, clean percussion spark for fifteen minutes, and lastly apply the friction spark for over ten minutes. For the first week I apply this treatment twice a day; second week daily; after that every other day for one month, and if any effects remain thereafter I adminitser it twice a week. So much for the treatment of rheumatism.

Please examine the CRITIC AND GUIDE Carefully and Critically and ask yourself if it isn't Worth the Modest Sum of one dollar a year. If you think it is, Send us one dollar and we will Send you this Good and Useful journal from now on until January, 1906! But please do it now!

A TREATISE

ON

Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation*)

174.—Spts. Ammon. Arom.
Syr. Gallae.....aa.....ʒi
Aquæ Cinammomi.....ʒij

This combination forms an unsightly precipitate, due to the combination of the tannic and gallic acids in the nutgall syrup with the ammonium carbonate in the spirit. Syrupus gallæ, or syrupus gallæ aromaticus, was a great favorite with the physicians of two generations ago, and a very powerful and effective syrup it was. Now it is almost completely forgotten, but is still occasionally prescribed by those who cling to the old traditions.

175— Hydrarg. Chlor. Mitis.....gr. xvj
Amm. Chloridi.....gr. xij
Sacch. Lactis.....gr.xx
Div. into pulv. No. iv.

The result in this prescription will depend a good deal on the quality of the ammonium chloride. If a salt answering the Pharmacopeial requirements be used, there need be no fear of any incompatibility. The writer believes that no mercuric chloride is formed. If any is formed, it is so infinitesimal in amount as to be disregardable altogether. But if the commercial impure muriate be used, the prescription may be considered incompatible. In several triturations which the writer made he could discover decomposition after several hours; the powders contained mercurous oxide, metallic mercury, mercuric chloride, and probably also dimercur-ammonium chloride. In some cases the powder became of a grayish color after two minutes' trituration.

176.—Hydrarg. Chlor. Mit.....ʒj
Ammon. Carbon.....ʒj
Sacch. Albi.....ʒss
Div. into pulv. No.xij

This prescription is positively incompatible. When ammonium carbonate is rubbed with calomel, a gray color develops at once. This is due to the formation of the black ammonium-mercurous chloride, or dimercur-ammonium chloride, NH_2Hg_2Cl. This compound may not be actively poisonous, but the chemical

composition of the calomel and the external appearance of the powder are so changed that the prescription should under no circumstances be dispensed. The ammonium carbonate is to be left out. The writer vividly remembers when he received this prescription the first time and made it up. It was in the good old junior days, when every day brought some new facts, some new knowledge, some new discovery. When he saw the powder turning black he called the employer's attention to it. The latter, a European Master of Pharmacy [Magister Pharmaciæ], explained that those two drugs were incompatible, and recommended to leave out the ammonium salt, which he did, and notified the physician to that effect. The next morning brought a reply from that physician full of thanks and apologies.

177.—Hydrarg. Chlor. Mit.....3j
Ac. Hydrochlor. Dil.....3ss
Syr. Rhei Arom.....ʒss
Aquae.....ad ʒij

A physician who will prescribe a heavy powder like calomel in a shake mixture is a very poor prescriber. Perhaps he is not aware of the fact that calomel is insoluble. In this prescription the patient may get in one dose anywhere from 2 to 10 grains of calomel, and the physician can certainly not expect uniform or satisfactory results. This is the only thing wrong with this prescription. The fear of there being formed corrosive sublimate from the action of the hydrochloric acid on the calomel is groundless. The writer failed to discover any with the most delicate tests.

178.—Hydrarg. Chlor. Mit.....3ij
Syr. Rhei.....
Aquae.....} āāʒjss
S.: 3i twice a week on going ro bed.

This prescription is incompatible, though it may not appear so at a first glance. Syrup of rhubarb contains potassium carbonate; the latter will convert a portion of the calomel into black mercurous oxide, and gradually there may form some mercuric oxide and metallic mercury.

(To be Continued.)

Treatise on New Remedies has been crowded out of this issue.

THERAPEUTIC ABSTRACTS AND FORMULÆ.

The Nascent State and the Medicinal Peroxides.

The solid peroxides are attracting considerable attention in medical circles in Europe. Prof. Albert Robin of Paris, who is considered by many the foremost man in therapeutics, has brought them prominently, tho incidentally, to the notice of the medical profession in a paper which he recently read before the Academy of Medicine, entitled: The influence of the Nascent State on the properties of medicines and their therapeutic applications. (Bull. de l'acad. de méd. 1904, 19). He maintains that the therapeutic effect of a substance is greatly intensified if it is set free from its compound in the organism, in other words, if it is in statu nascendi, a fact long familiar to every chemist. He gives numerous illustrations. The peroxides of magnesium (biogen) and calcium for instance liberate their oxygen on coming in contact with the gastric juice. If they are administered in the form of keratinized pills or capsules, so that they may pass the stomach unchanged, they become remarkable intestinal antiseptics. They diminish the fetidity of the stools and combat fermentative diarrhea better than any other therapeutic agent. A careful study of magnesium dioxide (MgO_2) was made by Dr. Winterberg, one of the physicians at the general Hospital in Vienna. The article is entitled Biologic and Therapeutic Investigations on Magnesium Peroxide (Medic. Blatter, No. 43). The experiments on the decolorizing effect of the peroxide on methylene blue, when given internally at different intervals, are very interesting, and so are the experimental studies of the urine. Clinically the drug was employed in 12 cases of cardiac asthma and cyanosis as a result of myocardial degeneration and arteriosclerosis; in 3 cases of pulmonary emphysema with dispnea, 15 cases of chronic constipation, 11 cases of severe gastro-intestinal disturbances and 4 cases of nervous trouble. The result in the detailed cases were very satisfactory.

Dr. A. Gilbert, Prof. of Therapeutics, Paris, also speaks highly of the magnesium dioxide in gastro-internal troubles. He says: Magnesium dioxide has shown itself extremely active in gastric affections, but we have also demonstrated its favorable effects in the treatment of diarrhea, especially of the tuberculous variety. In this class of cases it may be best administered in the form of keratin capsules, in doses of 2½ to 4 grs. which should be taken twice a day about an hour before eating. In eleven out of sixteen cases we have succeeded in reducing the number of stools to normal, at the earliest after one day and at the latest after three days. One of the negative cases was due to tabes and another to cancer of the pancreas in its last stages, in which all anti-diarrheal measures proved ineffective.

Dr. Henri Chaput, Chief of the surgical division of the Boucicault Hospital in Paris, reports very good results from the use of zinc dioxide (dermogen) as an iodoform substitute in wounds, as an application in uterine and vaginal lesions, etc.

Altogether from a study of the fairly voluminous literature on the subject and from our own slight experience we believe that the peroxides, especially those of magnesium and zinc, are worthy of extended trial in a variety of conditions, which will suggest themselves to the practitioner.

reatment of Malaria.

llowing prescription are recom-
in malaria:

æ sulphatis,..... grs. 40 to 60.
..... grs. 40 to 60.
ne sulph.,..... grs. 3
cetine ..... grs. 30 to 40.

No. 12. S. — One capsule every hours.

bove is advised for cases of inter- and remittent fever. Ten minims hydrochloric acid given after a will insure solution in the

it is desirable to administer the e in solution the following formula eable:

næ Sulph..... grs. 1 to lxxx
Hydrochlorici Dil... ʒiss to iiss
ingiberis..... ʒiiss to iv
pii Camph..... ʒii to iv
limonis..... ʒii
, q.s. ad..... ʒviii

oonful every four hours. To be thru a straw.

nalarial cachexia following either nt or intermittent forms of the the following is represented :

inæ Sulph..... ʒiss
Reducti..... ʒi
Nucis Vom..... grs. viii
Arsenosi, ... gr. i
Colocynth Comp..... grs. x to xv
phyllini ..... grs. I to iii
is, q.s.

. No. 60.—One pill after each meal.
rris, Therap. Gaz.

Krauss, recommends the prelimin- of the following if sufficient time before the next expected paroxysm r. It may be followed by a saline, bly a single dose of two and a rachms of sodium thiosulphate n a glass of water.

rargyri Chloridi Mitis.....grs. 5
phyllini .....gr. ½
Nucis Vomicæ.....gr. 1
i.....gr. ½
. Aromatici .....gr. 8
ps. No. iv.—One every two hours.

If the patient has ever been salivated the calomel may be left out of the pre scription.

For latent and masked forms of malaria, Krauss recommends the following combination:

Quininæ Hydrochlor.....grs. 30
Hydrargyri chlor. mit. ..... grs. 5
Pulv. Capsici..... grs. 1½
Pulv. Doveri ..... grs. 5
Aloini ..... grs. 1/6

Ft. caps. No. 6.—One every four hours.

If the patient has been salivated the calomel may ke replaced by podophyllin. Krauss believes that calomel is not only justifiable but very valuable for patients from intensely malarial districts.

Haberkorn's Gonorrheal Injection.

Quin Sulph..... gr. xxx
Ac. hydrochl. diluti .....q.s.
Aquæ destill..... f. ʒv
Glycerini..... f. ʒi

Bacceli's Malaria Mixture.

Quin. Sulph. .....gr. xlv
Ferri et Potass. tart. .. .. gr. cv
Liq. Potass. Arsen.....gtt. xxv
Aq. Destill. .....ʒx

S: Tablespoonful 3 times a day.

Gazeol (MAILLARD AND BUISSON)

Stronger Ammonia water....2 pints
Carbolic Acid
Acetone
Benzin..... each..... .....2½ drams
Tar .... 3 ounces
Naphtalin..... .....15 grs.

Let stand for 8 days, shaking occasionally, then decant. This liquid is put into flat plates and allowed to evaporate. Claimed to be good for whooping cough.

Benzoinated Collodion.

Compound Tr. of Benzoin.. 3 drams
Glycerin.....15 drops
Collodion..... ..... 6 drams

Very good for small wounds, etc. [W.J.R.]

JUST A FEW LETTERS.

Dear Dr. Robinson:—A perusal of the circular entitled: "The Guide to the Critic" send out by S. L. Summers, discloses a very disagreeable mixture of thoughts, expressed in still more disagreeable words, the incompatibility of which is hopeless. No matter which way you follow it up, it leaves a magma of absurd facts, illogical couclusions and personal abuse, the taste of which is highly nauseating and almost unberable.

Here, are some of the expressions with which Mr. Summers hopes to win the medical profession to his side: "Being a free-born American, of mature age, and knowing whereof I speak, I have no fear of any such faker as Dr. Wm. J. R." "He is constantly quoting some lantin expressions." "Any one can purchase a book on latin quotations." "To make such a fool of himself." "The Czar of fakers.

How Mr. Summers thinks to break the strong fortifications of his antagonist, by using such poor ammunition, remains inexplicable. However, if Mr. Summers would not have invited the medical profession to witness his most unique feat, of breaking down a Gibraltar with a few old, rusty guns, it would be no one's business to express any opinion about his fighting capacity. As it is, it is a snub to every physician who has been invited to read his filthy pamphlet.

There is no doubt in my mind that, I have expressed the opinion of the mojority of those who have read this Circular. Hoping to see your shells hit a little "higher up".

Louis Buckle, M.D.
322 E. 10th St., N. Y.

Dear Dr. Robinson: — Even somewhat late I wish to thank you for your courtesy and kindness. By means of the CRITIC & GUIDE I have weaned many misguided mortals from the use of Peruna and Liquozone. I have in mind a case of alcoholic multiple neuritis in recent practice wherein the only (and sufficient) cause was the use of several pints of Peruna per diem. "How long, O Lord?". I notice that we (M. Ds.) get no more Antikamnia literature—it is going to the public. I met, not long since, a case of almost fatal iodism caused by a widely advertised "rheumatism cure". I have a notion to erect a bulletin board in front of my office whereon to post analyses of "fake" medicines. If you think well of it print me a few formulæ say—of Peruna, Liquozone, etc., so I can speak as one having Authority. The medical profession should as a unit hold up your hands, especially your pen hand, in the crusade.

T. H. Ross, M.D.,
Cato, N. Y.

Contagiophobia.

Editor Critic and Guide: It will be convenient for me to use the words "contagious" and "infectious' interchangeably in the remarks that follow. I can do this with a clear conscience, because none of us know what either actually is, or what is the bottom difference between the signification of the words. One can use these terms synonomously in a discursive letter screed such as this will be, without forgetting the handiness of the nice little technical distinction there is between the words.

Generally speaking, about every thing is contagious. Laughter is catching—sighing is infectious; joy is contagious; woe is infectious. Health is contagious, disease is infectious, etc., etc. Community of interest, intent, feeling, etc., is responsible—in the main—for contagion. Mostly, contagion is sympathetic mutuality. We are all off the original piece, and neither our souls nor

bodies forget the universal kinship.

But what I wanted to talk about particularly is the contagion of disease, in its relation to the laity. No longer than fifteen or twenty years ago, the people didn't know that diphtheria, membranous croup, typhoid fever, consumption, etc., etc., were extremely infectious maladies. In fact, they didn't find it out until the beautiful new science of bacteriology "took an' went" mad. Otherwise, how *could* they have found it out. Not having had any practical evidence of the ubiquity and native hell-bentness of the pathogenic microbe, how could they know about the intensity and activity of these contagions? Before the hyper-development of bacteriology, they were possessed of the inherited fallacy that these diseases were contagious only in a very vague and remote sense. This notion, through all their past, had been confirmed by experience and observation. But laboratory deductions—owing to the high-mightiness of theoretic necessity—have over-ridden all this ancient simplicity, and the laity know now that their whole environment is saturated with microbial diabolism.

The effect of all this has been harmful in many ways. In the first place it has confirmed the old superstition amongst the more ignorant of the laity that doctors are immune from contagion by virtue of a *secret* method of self-protection. It is to the money interest of the doctor to have as many get sick as possible, and—being devoid of a conscience—he would die before he would give the world the benefit of this vital secret! Thus, the most self-sacrificing class of mortals on earth, is made to appear the most murderously selfish one. Being taught by the bulged of brow that about all disease is strenuously and implacably contagious, and noting the fact that not one doctor in fifty thousand ever "catches" an infectious disease from a patient, why shouldn't they nurture the superstition?

In the second place it begot a protracted and whelming epidemic of antiseptic lunacy. The wisdom of all the past and the common sense of all the present, were drowned in a tidal wave of parasiticidic enthusiasm. Happily, the force of this wave is being spent, and it is coming to be seen that asepsis, not antisepsis, is the thing. Was there ever a philosophic excuse for the application, either externally or internally, of an antiseptic to *living* tissue? The question is respectfully submitted.

In the third place, it has created an over-strictness in quarantine that does harm all round.

In the fourth place it has engendered a susceptibility to nervous apprehension on the part of the laity when a slightly contagious disease is in the community, which is both physically and morally bad. The buglings of the germic martinet have so fanned this flame of solicitude, that the temperance of the practical old doctor is mistaken for back-age ignorance.

Of course, we should be rationally careful in the prevention of the spread of disease, but I protest against teaching the people that disease is fifty times as contagious as it really is. It endangers my religion to have a timorous woman come to me and ask if it is safe for her to pass within a hundred yards of a house in which a child is down with "pneumony on the lungs."

Although I am not an enthusiastic believer in serum therapy, I appreciate the righteous intent of experimenters along this line. They are trying their utmost best to circumvent the plebeian fact that no therapeutic certitude was ever *scientifically* developed. I hope in my soul they will succeed, but the hope is made up of twenty parts of desire, to one, of expectation.

W. C. Cooper, M.D.

Cleves, O.

Editor, CRITIC & GUIDE:—Enclosed find check $3.50 for a bound copy 1903 and one years subscription to CRITIC & GUIDE beginning Jan. 1904. Have recently received a sample copy of your Critic and think it is the best Journal I have ever seen and cannot refrain subscribing for it. Yours respectfully,

LeSueur Center, Minn. H. Piesinger.

BOOK NOTICES.

"Appleton's Medical Dictionary". An illustrated dictionary of medical and allied subjects in which are given the derivation, accentuation, and definition of terms used throughout the entire field of medical science. Edited by FRANK P. FOSTER, M.D. D. APPLETON & COMPANY. New York and London 1904. — 1991 pages, Half Morocco, Price $10.00 net.— Probably the most complete and most exhaustive medical dictionary in existence. We have tried in vain to think of a word which might be absent in this ponderous volume of 2000 pages. Every thing relating to medicine, pharmacy, chemistry, botany etc., is there and is explained clearly, concisely and reliably The spelling thruout is such as will cause extreme pain to some of our Philadelphia friends. But as to little tail -al, we think the editor goes to extremes in wagging it. Chemic and physic and medic and surgic are extremely unpalatable, but therapeuticai, electrical and obstetrical also leave a brown taste in the mouth. Must it be always *ic* or always *ical*? Can we not use common sense? Isn't the golden middle best in this as in most cases?— The dictionary contains the names of the various secret nostrums. This we consider an error and for two reasons. First. It gives those secret mixtures undue prestige. "Bu- they are used by physicians," one might rejoin. That is no reason. If an unscienti fic mixture of uncertain and varying composition is used by some uneducated physicians, that does not entitle it to a place in a high class medical dictionary. We know of a physician who frequently prescribes "Elixir Sarsap. Hoodii"; will we therefore find Hood's Sarsaparilla in the next edition? 2nd. No justice can be done in the matter. It is impossible to include them all, hence none should be included, or those left out might justly feel offended. If antikamnia and phenalgin are in, why should our friends phenobromate and thermol be left out in the cold? If bromidia is in, why shouldn't her twin-sister iodia be in also? But those, we admit, are minor points and the dictionary is the best and most authoritative of its kind. We recommend it, after a careful examination, to all practitioners of medicine.

* * *

An Autobiography, By Herbert Spencer. In two volumes, Half Morocco $7.50 net, D. Appleton & Co. New York.

I have read the two large volumes carefully from beginning to end. I do not intend to write a review. On the whole the autobiography is rather a disappointment. One gets a better idea of the greatness of the man by reading his *works*, than his life. But two points there are on which I will say just a word or two. To judge by the autobiography Spencer was certainly not a "lovable" personality. He was not "popular" and till he was one of the five greatest philosophers that the world has seen, and probably the greatest of the five. Which goes to show that personal popularity, while a desirable quality in common people, is seldom a characteristic of the truly great. Another point is Spencer's ll-health. He was a chronic invalid, constantly suffering and several times, during the last 40 years, were "his days counted." Which corroborates the contention in one of our recent editorials (May) that strong muscles while desirable are not absolute requirements for great mental work. Even a good digestion is not. True, Voltaire and many other great men were willing to exchange their glory ond greatness for a sound stomach, but that is another story.

* * *

A Text-Book of Alkaloidal Therapeutics. Being a condensed resume of all available literature on the subject of the active principles added to the personal experience of the authors. BY W. F. WAUGH M.D. AND W. C. ABBOTT M.D.,

with the collaboration of E. M. EPSTEIN, M D., Chicago. The Clinic Publishing Co. 1904. Cloth. 405 pages, interleaved. Price, $2.50. This book was examined with a great deal of interest. While recognizing the superiority of the active principles in many cases over the uncertain galenical preparations, the reviewer has had but little experience with alkaloidal therapy as a system. To those who follow this system–and we are told that their number is constantly growing —the book will prove invaluable. And those who do not should spend a few hours studying the book, so that they may be able to judge at first hand the claims of the alkaloidists. The book is not a scientific treatise on therapeutics–it is intended for the busy every day practitioner and for him it contains many valuable hints of practical value, not found in the regular text-books.

* * *

Regional Minor Surgery. BY GEORGE GRAY VAN SCHAICK, Consulting Surgeon to French Hospital, N. Y. Second Edition, enlarged and revised, 228 Pages Cloth, Profusely Illustrated. Price $1.50 International Journal of Surgery Co., N.Y. The practicability and usefulness of this book is best indicated by the demand, necessitating a second edition in an unusually short time. This edition has been subjected to a thoro revision and additional chapters have been added.

So say the publishers and it is so. The book is clearly written, well illustrated and will be appreciated by the student and general practitioner.

* * *

The Gazette Pocket Speller and Definer. English and Medical. Flexible cloth 216 pp., 50 c. Certainly a useful little volume. Each line contains a word with its definition. And the definitions tho necessarily condensed are yet sufficiently clear to be serviceable.

The Expansion of Russia — 1815-1900. By Francis Henry Skrine. With maps. The Macmillan Company. —A work to be mentioned only to be condemned. The author is a donkey. How a man, claiming to be an Anglo-Saxon, can become an apologist for the male and female monsters that have occupied the Russian throne is beyond the understanding of the reviewer. The author's mental calibre will be best seen, when we mention that he pictures Empress Catharine, one of the cruellest and lewdest of women that ever lived, as a paragon of virtue. Nicholas I, an insane and cruel monster, is eulogized, while Alexander II, the only somewhat human ruler, is chided for his "abstract ideas and vague aspirations." Isn't the book inspired by the Russian Government?

It is my belief that calomel administered to infants has a disastrous effect on the future growth and formation of the teeth. I have some pretty strong proofs, but not sufficient yet to announce my belief as a positive incontrovertible fact.

The peroxides of magnesium, zinc, etc., promise to play a rather important role in therapeutics. Old oxygen holds its own.

Remember that bromoform contains *300* drops to the fluid dram, or 5 drops to the minim! Do not, therefore, substitute the word minim for drops or vice versa.

In atony of the bladder. dribbling of urine, etc., strychnine is of course indicated. But the strychnine acts much better if combined with fl. ext. ergot in solution, or with ergotin in pill or capsule form.

In alcoholism strychnine nitrate seems to work better than strychnine sulphate. Why this is so, we don't know. But the fact has been insisted upon many years ago by Portugaloff, who made a study of the treatment of dipsomania.

We call the readers' attention to the analytical laboratories of the Corporation of Hegeman & Co. The fees charged for the analyses of blood urine, sputum, gastric contents water, food products, etc., are moderate and the work done is reliable.

USEFUL CHIPS FROM THE CRITIC & GUIDE PILE.

(Save them; they may come in handy.)

Freshly prepared sodium salicylate is better tolerated by the stomach, than the ready prepared salt. The proportions for making the salt are: 3 parts of sodium bicarbonate to 5 parts of salicylic acid. My favorite combination is: salicylic acid 5 drams, sodium bicarbonate 3 drams, peppermint water 3 to 4 ozs. Dose: teaspoonful to dessertspoonful.

A splendid application for acute articular rheumatism is: menthol 20 grs., salicylic acid 1 dram, alcohol 1 oz. Apply with camel's hair brush and cover with cotton. How the swelling does go down! Not very effective in muscular rheumatism.

Do not prescribe formaldehyde and hydrogen peroxide in the same mixture. The H_2O_2 is reduced to water and the formaldehyde is oxidized to formic acid.

Do not prescribe Fowler's solution with any alkaloid, such as morphine, strychnine, etc., unless you also write: Ac. hydrochlor. dil. q. s. The acid prevents the precipitation of the alkaloids.

Solution of sodium ethylate (official in the British Ph.) is the best applicaton for warts. But do not, in the name of Æsculapius, allow the solution to come in contact with water The *water* will take fire and you may become a disfigured though a wiser man.

Strontium bromide is frequently superior to the other bromides, but is more expensive.

If you wish to prescribe calcium chloride, in the name of goodness, write out in full: Calcii Chloridi ($CaCl_2$) If you write: Cal. Chlor., the druggist may dispense Calx Chlorata (Chlorinated lime). I personally witnessed such an accident; the child had a narrow escape.

Wherever the alkaloid presents the full virtue of the drug, use it in preference. It is constant in composition, uniform in action and the dose more readily regulated.

Never use the soluble bismuth salts. It is the insoluble bismuth salts that are most useful and non-irritating. Why the bismuth and ammonium citrate was introduced into the pharmacopeia, Allah only knows.

Remember that the doses of German digitalin as given by the text-books are incorrect. Do not hesitate to use it in ⅛ or ¼ grain doses. Digitoxin is in my opinion too uncertain.

Never use ergot in pulmonary hemorrhage. You are apt to aggravate the trouble.

Morphine ¼ gr. plus atropine 1-150 grain is the best combination in pulmonary hemorrhage. Do not be afraid to use the atropine, the dicta of laboratory physicians notwithstanding.

If you expect to have good results from bismuth subnitrate in ulcer or cancer of the stomach, you must give it in doses ranging from 2 drams to 1 ounce.

A fact which is overlooked by many physicians is that creosote in very small doses—¼ to 1 drop—has a very happy effect on coughs in general. I am not referring to it now, as an anti-tubercular.

Potassium cyanide should be discarded from the pharmacopeia.

A tea made from dried raspberries forms a splendid, grateful and harmless diaphoretic. It seems to be unknown in this country.

A bath of potassium permanganate, followed by a warm bath of chamomile flowers is often used in Lassar's clinic for itching eczema of the hands, and the itching is generally allayed.

Few cases of night sweats of consumptives will resist the following combination: Atropinæ gr. i, ac. sulphur arom. ʒi S. gtt x-xv at night. Whether it is advisable to completely suppress the night sweats, is another question.

Never prescribe pilocarpus; prescribe pilocarpine. Pilocarpus contains an alkaloid jaborine, analogous in effect to atropine, and atropine is antagonistic to pilocarpine, being even used as an antidote to the latter. So why prescribe two antagonistic principles?

Musk is a great remedy. It is a wonderful stimulant, sometimes "recalling the dead to life." Unfortunately it is practically impossible to obtain in the average drug store. Not one in a hundred drug stores keep it. A somewhat efficient substitute for it is sumbul, and when musk cannot be obtained the tincture of sumbul may be given in doses of one to four drams. But it is chiefly valuable in hysteria and slight nervous disorders.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

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The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think. The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. NOVEMBER 1904 No. 5.

USELESS EXPERIMENTS ON ANIMALS.

Dr. V. I. Danilevsky recently published the results of his experiments on dogs (Russky Vratch), experiments extending over a period of twenty years. Dr. Danilevsky is an estimable gentleman and undoubtedly thinks that he was aiding science. But with all due respects to him, I must say that his experiments were absolute rot, useless, senseless, cruel and of a character to give ammunition to the anti-vivisectionists. For twenty years Dr. D. was trying to produce microcephaly [small brains] in dogs. One of the methods was to apply a metallic helmet over the head of each animal which fitted very closely, surrounding the skull from all sides, and fastened so securely that no effort of the animal would succeed in displacing it. Of course in most animals the "experiments" had to be discontinued on account of ulceration of the skin and other intercurrent diseases. Not a single dog lived longer than four months after the application of the helmet. And what was the result? Absolutely nil. After subjecting the dogs to several months' torture, during which the author naively tells us, they developed a vicious character, and killing them, he found that the weight of the brain was not abnormally altered in the proporiton to body weight! Now, suppose it had been found that the brain did undergo an abnormal development, what would have been proved thereby? Of what earthly use could such experiments prove in the treatment of the sick—which is the only excuse justifying animal experimentation?—The helmet was not the only experiment tried by the estimable Dr. Danilevsky on the luckless dogs. He cut the sympathetic and pneumogastric nerves, in young pups, he removed large portions of their crania—all in the stupid desire to see how the brain would be influenced in its growth.

I am for animal experimentation having a definite and distinct object in view, that object being the prevention and cure of disease, and the prolongation of human life. I am most decidedly opposed to the torture of animals for the sole purpose of satisfying the curiosity of pseudo-scientists.

MEDICINES IN OLD EGYPT.

Some of the drugs with which they were familiar in Egypt some five or six thousand years ago: Sulphate and acetate of copper, oxide of antimony, sulphide of mercury, potassium nitrate, lead sulphate, opium, castor oil, coriander, juniper, absinthium, caraway, pomegranate, gentian, mustard, garlic, aloes, oxgall, linseed, squills, saffron, turpentine, colophony, cassia, colchicum, myrrh, mastic, peppermint, fennel, hyoscyamus, vinegar, lime, soda, iron, etc. Note that practically every one of these is official in the United States Pharmacopeia, latest edition! Strong chains tie us to the past. Of classes of preparations employed, one may mention ointments, plasters, suppositories, injections, poultices, inhalations, etc. The papyri also show that hair restorers, hair dyes and numerous cosmetics were well patronized in those days—and even Mrs. Winslow's Soothing Syrup had a prototype in those far, far away days. Yes, some thirty-five hundred years ago they had in Egypt a soothing syrup for babies, the principal ingredient of which was opium!

We change, but fundamentally we are still the same.

HARLEM MEDICAL ASSOCIATION.

MEETING NOVEMBER 2nd.

"Say, why doesn't this society change its name to Mount Sinai Hospital Medical Society?" was a question propounded by Dr. J. P. T., as I was entering the Hall and as Dr. Moschovitz was introducing a patient on whom he operated on account of complete anuria caused by biletral calculous obstruction of the ureters. The question was left unanswered. The case was a very interesting one. Three very instructive papers were read. The first, by Dr. Sigmund A Agatston was a report of a case of epidemic cerebro-spinal meningitis, in which lumbar puncture was performed (by Dr. Henry Heiman, the genial president of the Association), purulent cerebro-spinal fluid was withdrawn and perfect recovery followed. Dr. H. Jarecky read a paper on Ear complications in scarlet fever and their treatment. The paper was really interesting and practical and was discussed by Dr. Henry Koplik, Dr. Louis Fisher and Dr. Percy Friedenberg. Our eminent hemorrhoidalist, Dr. S. G. Gant discoursed on the Classification, Symptoms and Treatment of Hemorrhoids. His advocacy of operation by water anesthesia was warmly combatted by our eminent proctologist Dr. J. P. Tuttle. The latter preferred general anesthesia. And so did Dr. Lilienthal. After having listened with interest to the subject of *treating* hemorrhoids, the association

forthwith proceeded to get dyspepsia by partaking of hot consommé, lobster salad, sandwiches, ice cream, black coffee, cigars, etc. And they say, that dyspepsia is one of the remote causes of hemorrhoids.—

FRAUDULENT PHARMACEUTICAL INSTRUCTORS: CAUTION.

Members of the New York Board of Pharmacy have requested us to caution the drug clerks against the many fraudulent instructors that have sprung up since the Prerequisite law was passed. We were asked to warn the profession especially against one Cohn or Cahan of Brooklyn, who undertakes to pass anybody for $200, $100 of which he claims to give to members of the Board. All the instruction he gives consists of Eli Lilly's little dose book. Chemistry and Pharmacy he does not even attempt to teach them. Of course the poor students will find themselves cheated out of $200—but they will have no redress.

THE VERMONT MEDICAL MONTHLY.

There is a journal called the Vermont Medical Monthly. You may not know it, but there is. In a recent issue—(Vol. XV, No. 6, p. 134)—it contained, as an original article, a most nauseating write-up, paid at so-much per line. There is nothing new or strange in that, as many journals contain paid write-ups in the guise of original articles. Such articles are so frequent that they no longer excite attention or disgust, you get used to everything. Why then have I selected the Vermont Medical Monthly for special notice? Because under the title of Journal there is the following sub-head: "Official Organ of the Vermont State Medical Society," and while we have become used to private journals being filled up with reading notices in the text pages, it is too unseemly, too improper, not to use stronger words, for an official organ of a Medical Society to have its pages for sale to every nostrum concern. A Society is generally judged by its organ, and does the Vermont Medical Society wish to have a patent-medicine almanac for its official journal?

The article I refer to is entitled "A Useful Remedy," and is by F. C. Lewis, M.D., the *business* manager of that journal. The product boosted is Pheno-Bromate. The author says: "The remedy is a synthetic combination of derivatives of the phenetidin group and bromine (I'll bet a life-subscription to the CRITIC AND GUIDE that Dr. Lewis doesn't know the difference between a phenetidin group and a gray cat) and is *not* a coal-tar product."
Now, Dr. Lewis, if it is *not* a coal-tar product, what is it, will you enlighten us? As an antipyretic, the doctor tells us, the drug "should be given in liberal dosage," and, he assures us, "no fear need be entertained of circulatory depression." Tra-la-la, tra-la-la. And here is the finale of this beautiful symphony, of which to deprive our readers it would be too cruel, too heartless: "The many diseases in which Pheno-Bromate can be used cannot be

enumerated here, but its value as an analgesic, antipyretic and hypnotic suggest a range of usefulness far beyond the average drug. Its prompt and efficient action, its freedom from disagreeable effect, and above all the fact that it never creates a habit are responsible for the prominent place it fills in the armamentarium of thousands of physicians all over the country. The more it is used, the more useful is becomes."

TWO LITTLE ARTICLES.

In reading our exchanges, we come across some humorous things once in a while. In the Quarterly Journal of Inebriety (July, page 320) there is an "article" entitled Pain in Rheumatic Gout, in which Antikamnia is praised very highly. "The result was simply magical," writes the fool doctor. "I slept eight hours in perfect rest, free from all pain. I continued two tablets every four hours," etc. Here the editor prints an article sent in by the manufacturers, in which the virtues of acetanilid, yclept antikamnia are extolled to the skies. But *immediately* following this article there is another one entitled: The Dangers of Acetanilid (reprinted from the St. Paul Med. Jour.), in which the following sentences occur: They all [the headache cures, antikamnia included] contain acetanilid, a powerful cardiac depressant, which causes the destruction of the blood corpuscles and transforms the hemoglobin into methemoglobin. This drug is unquestionably a powerful tissue poison, and if used at all—*and it is doubtful if it is ever indicated*—should only be taken by the direction and under the observation of a physician." Is it to laugh or is it to cry? Should we add that a journal that so valiantly battles against the use of alcohol should not encourage the use of other poisons?

IDEALISTS AND REFORMERS.

To people who are perfectly satisfied with conditions as they are, who believe that our social structure, with its cutthroat competition, its political corruption, its wage slavery, its prostitution, its fear of expressing one's thoughts, its superstitions, its race hatred, its jails and its suicides, etc., etc., is as perfect as it can be, to people to whom the word reformer always carries an opprobrium, being generally in their minds synonymous with the word crank, to people who look with contempt upon dreamers and idealists—to such people I have nothing to say. We stand upon different planes, we speak a different language, different blood courses in our veins, different vibrations set our hearts in motion, different thoughts stimulate and emanate from our cerebral cells. But to people who, tho weak and ignorant, are groping for the truth and yearning to do some good—I have very much to say. And I mean to say it.

And the first thing I will say is that the only people who count are they who are trying to do something to make this world a better and happier place to live in. Money, commercial succes, political success, fame—it is all trash, if not accompanied, if not permeated by the desire to do *good*. And one of the happiest signs of the times, is that the rich are beginning to see things in the same light. And such abnormal degenerates as Russell Sage are getting rarer and rarer, thank God.

It is the idealists and reformers that will count in the long run.

A MILLIONAIRE ALTRUIST.

At the last Philistine conference it has been my good fortune to make the acquaintance of Mr. N. O. Nelson, the "millionaire socialist" or altruist, who long ago perceived the fatuity of making money just for the sake of making more money, and of making more money, for the sake of making still more money, and so on ad infinitum. He saw very clearly that one can get more real pleasure and more real happiness out of life by devoting it to the amelioration of the lives of his fellow men. And he set himself to the task. And the result is the model village Le Claire, in which everything contributes toward the making of healthy, normal and happy men, women and children and Le Claire College, where money is not accepted from students under any circumstances, where the poor and rich are on the same footing, each having to divide their nine-hour-a-day equally between physical and mental labor, and where people are taught not only how to think things, but how to do things. To the medical profession Mr. Nelson is also of special interest for his Consumptive camp, Indio (in southern California), to which the poor are are admitted without any pay and where the results of the purely hygienic treatment are said to be remarkable.

CARBOLIC ACID.

Sometimes called oxide of phenyl, or phenylic acid, is much employed at the present day as a disinfectant. It is obtained by the distillation of coal-tar. *Very few cases of poisoning by it have yet occurred.*

A concentrated solution taken internally excites violent gastroenteritis, and destroys life in a few hours. After death, the mucous membrane of the throat and stomach is intensely congested, and in small sections softened and corroded. The treatment consists in evacuating the stomach, and giving large quantities of magnesia, mucilaginous drinks. etc.—The above is from Dr. Howe's book on Emergencies and Their Treatment, edition 1884. And now carbolic acid furnishes more suicides than all other poisons combined. Who would have thought that it would become so popular?

SKIPPING

When the editor sometime ago suggested walking about naked in one's room every day for an hour or so, some people thought it was not dignified. Well, to see an old man or a stout middle-aged woman skipping the rope is not exactly dignified either, and nevertheless this is exactly what several British physicians and journals have recently been proposing and advocating as one of the best means of exercise. The arguments in favor of skipping as presented by Dr. F. T. Bond of Gloucester are: 1. In consequence of the large number of muscles brought into action the circulation is stimulated. 2. It is capable of being carefully graduated, so that the exercise may be regulated and gradually increased as the strength increases. He considers it useful in insomnia, in chronic bronchitis, in chorea, hysteria, and in those predisposed to pulmonary tuberculosis. The instruments necessary for the practice of skipping—a few yards of rope—is cheapness itself. The Lancet gives this form of exercise its approval, stating that, "employed intelligently, skipping cannot fail to prove useful to many who cannot conveniently indulge in other more interesting modes of exercise."

Has anyone ever noticed how much like the editorial utterances of the Medical Brief are those of the National Druggist? The July editorials, in which the editor advises the druggist to stop his "silly twaddle about the patent medicine evil," and in which the postmaster-general is taken to task for his temerity in attempting to suppress vile, fraudulent and obscene advertisements, are particularly good. It is the same beautiful logic. Here it is verbatim: "If the postmaster-general or one of his assistants can edit the advertisements of one journal and arbitrarily suppress what he pleases to term obscene or immoral, or contrary to public welfare, what is there to hinder or forbid him from editing all journals, and every part of them?" And this passes for argument and this is the pap the people are fed on.

Extract from the Report of the Committee on Proprietary Medicines of the American Medical Association (1904).

The following principles are proposed to govern the rejection of advertisements in medical journals.

Articles to be refused admission:

1. Medicinal articles of *secret* composition.

2. Articles for *internal* medicinal use, advertised, or in any manner exploited, as remedies or cures to the laity.

3. Medicinal articles of known composition, whose formulæ do not give the exact quantities of the active medicinal agents and their names in recognized scientific terms.

4. Articles with trade names, without the *true* scientific chemical name, or if mixtures or pharmaceutical preparations, without a *pharmaceutical* title, which describes its pharmaceutical character and the principal active ingredients.

H. A. MOODY, Mobile, Ala.
WM. J. ROBINSON, New York.
C. S. N. HALLBERG, Chicago.

AN OPEN LETTER FROM A LAYMAN.

The following letter from a layman is well worth a careful perusal by some members of our profession. Alas! There is a good deal of truth in it.

"In January, 1894, I fell ill with 'the grip.' Afterward I had a hacking cough, my weight decreased, my strength gradually left me, and the weary history of the consumptive who knows not the cause of his suffering began. In 1896, after two years of invalidism, and at a time when my cough was almost incessant, I consulted a physician who was and is a professor in one of the half-dozen largest medical schools in the United States and whose name, if given here, would be recognized at once by almost every physician in the country. Without having me remove any portion of my clothing, he listened for a moment to my breathing, explained that I had 'a little bronchial catarrh,' and gave me a prescription. It occurred to me that a prescription from so eminent a physician was worth preserving, although I did not then comprehend the nature of its contents. I have it yet. Codeine to be taken once in two hours—a mere sedative to mask the symptoms of the disease without removing the cause. And not one word of warning as to my danger.

"The following winter another physician treated me for months for some sort of 'nervous trouble,' without a hint to me as to the real malady, although I afterwards learned that he had talked the matter over with some acquaintances—not relatives—who, of course, did not feel responsible and did not warn me. I then had recourse to patent medicines and consulted no physician for more than a year. Having taken a severe cold which aggravated my trouble, I then consulted Dr. C——, He gave me something which he said was pneumonia medicine. Two months later I consulted Dr. W——, who listened a moment to the sound of my breathing through all my clothing, told me I was 'run down' and gave me a tonic containing iron. A little later I consulted Dr. S——. He put his ear to my back for a moment over all my clothing, listened a moment, told me there was nothing the matter with my lungs, that the cough I complained of was epidemic, that he had it himself! A few weeks later, after a hæmorrhage, I consulted Dr. I——. He

was the first to use a stethoscope. He explained there was nothing the matter with my lungs, that the blood had come from a small-sized vessel which had been ruptured in the throat, and of course my fears were soothed for a few weeks longer, until very severe hæmorrhages made the situation obvious to the dullest. Even then Dr. T—— assured me, after using the stethoscope again, that an old pleuritic adhesion of no consequence was the only thing he could find wrong with my lungs. In a week or ten days when I was able to be about again, still another physician was called in. This time I was requested to remove part of my clothing, for the first time a specimen of the sputum was called for to be analyzed, for the first time the clinical thermometer was used. This time the report was that the case was one of tuberculosis of the lungs too far advanced to be amenable to the influences of any climate or to any known form of treatment; that all that could be done was to make me as comfortable as possible for the few remaining weeks or months."

"As a drowning man grasps at a straw, I studied the question of health resorts, chose one, went there, and early in 1899 became the patient of one of the few members of the medical profession who consider it their duty to see their tubercular patients daily, and carry out steadily and persistently courses of treatment based on natural law to the end of saving the sufferers and restoring them to health and usefulness.

"Were my experience unusual, it would not be worth my while to write it nor anyone's while to read it, but the fact is that thousands of consumptives are having similar experience, varying only in the minor details, but the same in all the essentials. The lost opportunities for early diagnosis and early treatment are the same. I trust that the time is not far distant when the apathy of the general practitioner will give way to a clearer realization of duty and responsibility as regards his tubercular patients."

A GOOD BOOK IS A GOOD FRIEND.

One of the best friends a medical man can have is a good book, whether it belongs to the scientific or general literature class. A good book always lifts a man up, spurring him to better thoughts and purposes than commonly possible to gather from environment. Indeed, it is this very divorce from one's immediate cares and perplexities that interest in a book occasions, and is of value. There are few mortals who do not at times long for a physical translation to other "fields and pastures." But such is impossible. On the other hand, however, the mind may become so soothed and imbued with the spirit of an author, whether carried on into the realms of fancy or *hewing* close to the lines of orthodox science, as to transcend;

for the nonce, the trials of every-day existence, thus affording a relief, and at the same time stimulating to a better mentation, than quite anything else.

Almost more than any other class of beings physicians need the uplifting and restful influences of good books, and many of them are critics and philosophers of no lowly sort. So says the *Clinical Review,* and need we say that we agree with it heart and soul? In our life books have always played a most important rôle. Wife and children, a loving friend and next to those—a good book.

A FINE SCHEME.

Dr. Gordon G. Burdick, of Chicago, brings to our notice a new scheme for eliminating the druggist and for using the doctor as a catspaw for pulling the chestnuts for the introducers of some new iron preparation. The doctor is furnished with printed postal cards, which he hands to the patient who mails them directly to the company. The company delivers the stuff directly to the patient and the doctor gets 25 cents for every bottle prescribed. The name of the preparation is printed in prominent type on the postal, and of course the next time the patient can order the medicine without the doctor's intervention. The doctor hasn't even a chance to say how and in what doses the stuff should be taken. Manufacturers attend to all that. Fine scheme! Poor medicine! Name of this company of geniuses: Hygeian Chemical and Research Laboratory. Habitat: Chicago.

VACCINATION, QUACK NOSTRUMS AND OTHER THINGS.

By E. B. Foote, Jr., M. D., and the Editor.

It is often surprising that two great heads like yours and mine do not come to the same conclusions on all subjects, but I expect that is not a new discovery for either of us. It would be pleasant if we could all agree on all things, tho the world might be less interesting if so. We can at least try to agree to disagree, but I admit on the subject of vaccination that it is not always easy. There is reason why we should feel intensely. It is either one of the greatest boons to mankind or next to venereal diseases the greatest curse. I have read both sides for thirty years and have come out an anti, and I have been that for twenty years. I will send you a pamphlet showing just a little my mode of thought on the subject. I have been before committees of the legislature many times opposing compulsory bills and it always seemed to me I came out ahead on the arguments I have had with the experts who favored vaccination. I know well, however, the personal discomfort of entertaining too many unpopular or minority views. You,

too, have enough of that sort of experience, and with all the load you have to carry I could almost feel sorry for you if I could convert you on this subject, so I will not try too hard. Now that I am at it—writing to you—I will mention one more item in which we differ. I think there are a good many patent or proprietary medicines which you do not approve and which I do nothing to boom and yet they may do more good than harm. As to—if I were put on the witness stand I should have to say that I have heard many tell of the good results of its use and have heard no reports of bad effects. Now you know I couldn't say that of all prescrptions the doctors write, and my notion is they are generally too heroic in their recipes. If I were to write on the evil that men do on prescribing I am sure the record of regular prescriptions would be worse than that of patent medicines, for I think that most of the latter are on the safe side of being comparatively harmless if not beneficial. Just for fun I will make a little confession. We make a suppository from a waste product of our laboratory that is simply wonderful in its power to relieve rectal irritations, piles, etc. Yet if the law were to compel us to put the true formula on each box that very good remedy would simply have to go out of business, for nobody could write the formula in a way to satisfy scientific pharmacists. While it may be well to aim at scientific accuracy, I think it is too soon to set aside a lot of old aunties' remedies which have been of great service. I will give you another wrinkle for you to have some fun out of if you want it. When I was a kid I had the croup, Father put some rosin in a cloth tube with strings to it and put it around my neck at night. It warded off attacks of croup—false croup, of course. So he put it on the market with a guarantee to take them back if not satisfactory. We do not have to return money once a year. I cannot explain how or why it does its work, but it does. So I hesitate to sneer at Sanche's Oxydonor and other such "fakes" which are beyond my comprehension. Since some folks at least swear that they do lots of good—well, I will quit before you say my reminiscences are too prolix.

Nothing affords me greater satisfaction than to print opinions diametrically opposed to my own—provided I know that their author is a thinking and an honest man. I *know* that Dr. Foote is both. I have never been afraid to be in the minority—even in a minority of one—and if I become *convinced* that vaccination is a curse, I would not hesitate a moment to say so in the CRITIC AND GUIDE, though by so doing I would probably lose nine-tenths of my subscribers. But I am convinced of just the opposite: that vaccination has been one of the great blessings, and it seems to me that an unbiased study of the facts and figures, which are accessible to everyone, must

inevitably lead a well-balanced mind to the same conclusion. That the utmost care is necessary, both in the preparation of the vaccine and in the performing of the operation—I say operation deliberately—of vaccination, goes without saying. I am perfectly ready to admit that disastrous results and even deaths have followed careless and hurried vaccinations, but that does not militate against the contention that vaccination properly performed is a sure preventive of that once horrible scourge, small-pox.

As to quack nostrums, there is not a fake, be it ever so worthless or injurious, that could not obtain some testimonials as to its great virtues. You know the story of the old Parisian beggar. She was on the point of starvation, when a great idea struck her. She picked up bottles on the street, filled them with muddy Seine water; she sold them at a few sous apiece, but the demand soon grew so great that she became opulent; and among her clientele were some of the richest and daintiest Parisiennes. I would undertake to put on the market distilled water, or capsules, filled with clay or common mud, and obtain the most enthusiastic testimonials for them. It merely goes to show that many of our ailments are subjective, self-limited and that the laity [as well as many of our medical brethren] cannot help taking post hoc for propter hoc. There is no intention to assert that all nostrums are villainous or worthless decoctions. Not at all. Mere selfish business interest would induce the manufacturers to put up a decent product. But that does not change the fact that self-medication on the whole is injurious and ruinous to public health, and that most of the nostruny contain an excessive amount of alcohol. The alcohol is added, not for the "preservation of the medicinal ingredients," as the manufacturers claim, but for *stimulation.* The manufacturer is anxious his preparation should produce an immediate effect of well being, to create confidence at once, and for this reason they must put in a large amount of alcohol. There is another much more ignoble reason for putting a high percentage of alcohol in the patent nostrums, but this I will discuss in another issue. It is true that some of the old aunties' remedies are pretty good, but we never would have made any progress if we stuck to them. Medicine is not only an art, it is also a science. It is not an exact science by any means; not yet. But we are working very hard to make it one. And the pushing or employment of remedies of secret composition is certainly not one of the means towards that much-wished-for goal.

A CASE OF REMARKABLE VITALITY.

An example of extraordinary human endurance is published in the *Guy's Hospital Gazette* of August 27th, and is reproduced by us from the *Hospital.* The patient, a boy of 14 years,

was admitted to hospital with an abscess in the right iliac region. A few hours after admission, on April 22nd, he was anæsthetized; there was some struggling during the preliminary stages of anæsthesia and the iliac swelling became much less marked. On the abdomen being opened in the region of the appendix some foul pus escaped, though not so much as had been expected. Signs of general peritonitis rapidly became manifest and on the following day the abdomen was incised near the middle line; a large quantity of pus escaped and the peritoneal cavity was thoroughly washed out and drained. On April 27th a subdiaphragmatic abscess was suspected on the right side, and an aspirating needle being inserted in the ninth intercostal space behind foul *Bacillus coli* pus was withdrawn. Part the ninth rib was therefore resected, the diaphragm was sewn to the parietal pleura and a quantity of pus was evacuated from beneath the diaphragm. Cellulitis over the right side of the thorax developed and on April 29th, under an anæsthetic, six incisions from two to four inches long were made in the cellular tissues, giving vent to a quantity of thick pus. On April 30th the cellulitis had increased, and the affected area was therefore incised again and scraped. At the end of three days a fæcal fistula developed in the second abdominal wound, and, constantly discharging, caused severe excoriation of the skin of the abdomen, and produced great emaciation from malnutrition. Subsequently a subdiaphragmatic abscess developed on the left side and by aspirating through the eighth left intercostal space pus was withdrawn. On May 11th the eighth left rib was resected and the abscess cavity drained. On May 24th an operation was performed with a view to closing the fæcal fistula. Later an empyema was discovered in the right chest, and on June 7th resection of part of the eighth rib was carried out, and the empyema drained. After this last operation the patient made an uninterrupted recovery. It is remarked that "throughout his illness the boy remained cheerful, hopeful, and very matter of fact, consenting to any operation without complaint, and even taking an interest in what was going to be done to him"—a disposition that must in great measure have assisted towards restoration of health.

Tho the patient's tenacity of life in this instance was exceptional, the case serves to point a moral, namely, that *Bacillus coli* abscesses containing foul-smelling pus as a rule produce slight constitutional effects in comparison with acute abscesses due to other infective agents, and that so soon as a vent is given to the fetid pus the constitutional symptoms are often very rapidly relieved, facts which have an important bearing both on the prognosis and treatment of these conditions.

THE DEATH OF MEDICAL JOURNALS.

Medical Journals do not die nowadays. They become consolidated with or merged into some other journal. This process of merging has been quite in evidence of late, and if rumors be true, a few more medical journals, which to speak the truth have no reason for existence, will soon die, I mean, be merged or consolidated.

The latest merger is that of Gaillard's Medical Journal (predicted by us) into a small southern publication.

SELECTED PAPERS.

MANAGEMENT OF CONGENITAL SYPHILIS IN CHILDREN

By A. Ravogli, M.D., Cincinnati.

Syphilis in syphilitic parents is transmitted to their offspring as a sad and miserable inheritance. The quantity of the syphilitic virus, the time elapsing from the infection of both parents, the intensity of the virus, have a great influence on the developing organs of the fetus. When the parents have had a recent syphilitic infection, and they have had no treatment or only an insufficient one, the babe will be killed **in utero.** In fact, Tarnowski collected very important statistics of 25 syphilitic families, in which there occurred 155 pregnancies, with the result of 57 still births and 98 living children. The syphilitic germ is introduced into the ovum from paternal syphilis, or is introduced through the placentary filter from the maternal side. No matter in what way the syphilitic germ has reached the developing fetus, it is a fact that all children who have escaped death from the syphilitic virus come to the world infected with the disease, which either is shown at the time of birth or a few days later as congenital syphilis, or it will show in their infancy as early hereditary syphilis, or later in life as a late hereditary syphilis.

Our subject is limited to those cases of early hereditary or congenital syphilis where syphilitic symptoms appear soon after birth. In some cases the child is born alive, somewhat prematurely, and is so poorly developed and so feeble that it survives only a few hours. In several of these cases which have come under our observation the autopsy did not reveal gross perceptible alterations, with the exception of a small enlargement of the spleen, and in a very few instances symptoms of epiphysitis were present.

In a few cases infants are born at full term, showing eruption of papules or bullæ; they are under so severe a degree of infec-

tion that they do not live more than a few days. Their general appearance is usually very bad; the little body is wasted and the skin is wrinkled, their cry is weak, the nose stopped up, they have no strength to take the breast, and they usually die between the first and second week.

In the majority of cases the infant is born apparently healthy, and only after a certain time shows the characteristic symptoms of syphilis. The earliest eruption we have seen in syphilitic children has been the bullous eruption of the soles and palms, the so-called syphilitic pemphigus, which in one case began three days and in another five after the birth. The more intense the nature of the infection is, the earlier the cutaneous symptoms appear. Usually eruptions make their appearance between the second and sixth weeks.

In most of the cases the eruption is preceded by general symptoms. The babe wastes away, his nose is affected with coryza **(snuffles)**, which prevents him from suckling; his cry is weak and hoarse, all showing the mucous membranes are already involved in a catarrhal inflammation. At this time a papular eruption affects the hands and face of the babe in the form of small papules, rather confluent, which after a while spread to the arms, body and legs. Mucous patches are seen on the lips, around the genitals and the anus in an excoriated or ulcerated form. The eruption is usually accompanied by a mild fever, 99° to 101°, and in some cases with tenderness of several joints due to acute epiphysitis. In some cases the joints may be slightly swollen, and the babe cries every time that he is handled on account of their tenderness.

In some cases of severe infection the babe's general nutrition suffers; he decreases in weight, becomes very anemic, whines and frets, especially at night. His face, wrinkled and drawn, takes on that characteristic aspect of an old person. His skin, destitute of panniculus adiposus, is so wrinkled that it can be raised in large folds, and has taken on so peculiar a sallow color as to resemble **cafe au lait.** If the babe is left without treatment, or if this is used too late, the babe runs down to a marastic condition, colliquative diarrhea begins, and the babe dies of inanition.

Treatment, however, in the same way as it wonderfully helps and cures acquired syphilis, shows its power in the relief and cure of congenital syphilis.

When we have under our care a syphilitic babe we must always keep in mind that it is a danger for the spreading of syphilis to others. Consequently a syphilitic babe must be nursed by its own mother, because if it is given to a wet nurse it will surely infect her. In the same way girls taking care of the infant must be cautioned not to kiss the babe in the mouth. We remember a case of syphilitic infection in a young lady

caused by the syphilitic babe of her sister. In this case the initial lesion was on the right cheek of the young lady, where the mouth of the babe had accidentally touched. We had under our care an old lady with an initial lesion on the index finger of her right hand, which she took from the syphilitic babe of her daughter. It is, therefore, necessary to be careful with syphilitic babies on account of the danger of the communication of syphilis.

In case the mother should not be able to nurse her babe, then rather than run the risk of infecting another person the babe must be nursed artificially with the bottle. In the children's ward of the City Hospital, as well as in our private practice, when the babe has to be nourished by the bottle we use sterilized cow's milk, which we direct to be diluted with a barley decoction. This mixture is well borne by the stomach and affords a good nutrition to the babe.

The treatment of congenital syphilis, as for the acquired, is local and general, or constitutional. Rhagades, ulcers and moist papules must be treated locally.

The babe, when covered with a syphilitic eruption, is bathed in a solution of bichloride of mercury every day for ten or fifteen minutes. The solution is prepared by dissolving from two to four tablets of seven grains of sublimate in six gallons of warm water in the bath-tub. This gives a solution of the strength of 1 to 12,000. In this bath we find a remarkably beneficial local action, so much so that dry papular eruptions soon fade and disappear, moist papules, ulcerated lesions soon clean and begin to heal up. In the bath we must see not only the local action, but also a beneficial general action from the absorption of the mercurial preparation. The epidermis is a boundary between the internal organs and the external world; though deficient in blood vessels, yet it only limits, but does not prevent, absorption. Especially when the water of the bath is at a warm temperature, some is absorbed by the epidermis. When a hand is kept for a long time in water the epidermis becomes whiter, thicker, and somewhat distended, from the penetration of water in its structure. Of course when sublimate is dissolved in the water some must be absorbed. In the excoriated and ulcerated surfaces the absorption is more active. Yet from the use of the sublimate bath in acquired, as well as in hereditary syphilis, we have always obtained satisfactory results.

Coryza in syphilitic children is a troublesome symptom, which prevents the babe from taking nourishment. An abundant secretion of muco-pus sometimes tinged with blood keeps discharging from the nostrils, which, getting dry, forms thick crusts obstructing the passage of the air. The babe is compelled to breathe through the mouth, which gets dry and causes

great discomfort. This affection needs local attention. The nurse will be directed to remove the purulent secretion with a wet rag, or cotton, and inject by means of an ordinary glass dropper a solution of mentholated biborate of sodium.

Sodii borat .....ʒ ss
Menthol .....gr. i
Aq. camphoræ
Aq. destillat aa .....ʒ jss

The nurse must be cautioned to make the injection in the nostrils while holding the babe in an erect position, in order to prevent choking. Fissures and mucous patches around the nose, on the lips, tongue, genitals, etc., have to be touched with a 3 per cent. solution of silver nitrate, and then washed with water to remove the surplus of nitrate of silver.

Ulcerated surfaces and excoriated papules are usually dusted with calomel, and then we cover with dry absorbent cotton to prevent contact with other surfaces. In case the dry dressing is not advisable on account of forming crusts, we prefer the application of a salve with white precipitate of mercury.

Hydrarg. precip. alb .....gr. iv-vi
Bismuth subcarbon
Zinc oxidi aa .....ʒ ss
Acid carbolici .....gutt. vi
Petrolati .....ʒ i

When we have to do with superficial ulcerated cutaneous gummata, with ulcerations surrounded by gummatous infiltration, we prefer the use of the emplastrum hydrargyri, which we spread on a cloth which is applied on the surface. From this application we have not only a local action, but also a general one on account of the absorption of the mercury.

In cases of ulcerated gummata when the mercurial plaster is no longer tolerated, the application of iodoform powder, iodoform gauze, or an iodoform salve will be found to give good results. It is necessary, however, to watch the use of iodoform on account of the frequent dermatitis which follows its use.

All external applications in syphilis will not be of much benefit unless fostered by the general or constitutional treatment. As for acquired syphilis, mercury is the remedy which brings about our therapeutic triumphs in congenital and hereditary syphilis. Mercury, when judiciously employed, has given in our hands wonderful results in infants who were already affected with syphilitic cachexia.

In the same way as for the treatment of acquired syphilis, we can administer mercury to the babe by ingestion, by inunctions or by subcutaneous injections. The three methods are not chosen by accident, but they are selected according

to the condition of the little patient, and the indications arising from the severity of the symptoms.

In a case of congenital syphilis with secondary symptoms, when the affection has not too deeply affected the general nutrition we select the administration of mercurial preparation by ingestion. Calomel has given us good results; it brings the system more readily under the action of mercury. We give calomel to babies in a dose of one-tenth of a grain two or three times a day. The formula we use is as follows:

Hydrarg. chlor. mit .....gr. ii
Sod. bicarbon .....gr. x
Sacchar. Alb .....gr x
M. Div. in ch. aeq. No. 20. One powder twice a day.

This is easily given in a teaspoonful of water or milk. In our cases the administration of these powders has regulated the bowels, and we have never seen any trouble, although continued for several weeks.

Mercury by ingestion to babies can be given in the form of gray powder, one grain four times a day; as a solution of sublimate, one-sixtieth of a grain, well diluted, also four times a day. In our experience we prefer and advise calomel in the given formula.

In case the babe should be troubled with diarrhea, then, rather than insist on the administration of the calomel, we resort to the mercurial inunctions. The ordinary mercurial ointment is diluted with the same amount of vaseline, and twenty grains of this mixture is rubbed daily into the soles, palms, back, axillæ, thighs, etc., for a few minutes. The place to be rubbed must be changed, and the nurse must be cautioned not to wash the place soon after having rubbed it, in order to prevent irritation of the skin, and the possible occurrence of eczema or mercurial erythema. After the inunction is made the surface will be covered with a piece of English lint to maintain the mercurial ointment in contact with the skin.

In grave cases of congenital syphilis we have resorted to the deep injections of a mercurial preparation. Intramuscular injections with bichloride of mercury in congenital syphilis we have seen used with good results in the clinic of Dr. Ciarrocchi, in Rome. We have used injections in the gluteal regions with five drops of gray oil, 20 per cent., once a week in the same circumstances, and we can say with more than satisfactory results. We can agree with Moncorvo, Ferreira and Lang on the decided preference for gray oil for injections in the treatment of congenital syphilis. In six of our cases of an aggravated form of congenital syphilis with papular and ulcerative cutaneous eruptions, and with symptoms of syphilitic cachexia, four to six injections of five drops

of the gray oil have rendered great benefit. As a consequence of the injection in babies, we have seen no trouble in the mouth or on the part of the bowels. Only in one instance the place of the injection became inflamed and formed a small limited abscess, but the babe at the same time had boils and cutaneous abscesses in different parts of its body. Consequently it was very difficult to prevent staphylococcic infection. When the symptoms begin to show signs of improvement we cease the injections and return to the internal administration of the mercurial preparation.

Iodide of potassium, the other great remedy for acquired syphilis, also shows its beneficial effects in hereditary and congenital syphilis. It is indicated, alone or with mercurial treatment, in all cases of syphilic lesions which point towards tertiary lues. When the tenderness of the joints shows that there is a process of epiphysitis, or the condition of the bones shows periostitis, iodide of potassium must be given in sufficient doses. Likewise in the case of syphilitic dactylitis or cutaneous gummata iodide of potassium must be given in a dose of from ten to thirty grains daily. It is well supported by the children, and in case of urgent symptoms the quantity can be raised to the usual dosage of sixty grains per day.

Although specific treatment must be kept up for a long time, yet it has to be given with some interval of rest. As soon as these syphilitic symptoms have improved we cease the mercurial treatment for a while, to give place to tonic and ferruginous preparations, in order to correct the anemia and to increase the nutrition of the babe. In the case of congenital syphilis the specific treatment must be carried on for one year and more. The remedies and their administration have to be changed according to the indications, so that if, in the beginning, on account of the severity of the infection, we have used sublimate baths and deep injections with the gray oil, when the symptoms subside we will follow the treatment with calomel or with gray powders in small doses twice a day, in order to maintain a certain degree of mercurialization. The symptoms and the degree of the infection are the guide for selecting the treatment, and also for advising us when it must be stopped or resumed. It takes good, heroic and constant treatment to destroy in the babe the germs of the syphilis, which have been developed in his little organism at the time of his conception.

Prophylaxis: When a babe is born with symptoms of congenital syphilis, from parents apparently well, they must both be subjected to a specific treatment. If in our power, when we know that the parents are syphilitic, we will compel the mother to take antisyphilitic treatment four months during her pregnancy in two or three different periods. The influence of the treatment of the mother on the fetus is absolutely wonderful,

and it is the true prophylactic measure capable of diminishing the ravages of the saddest inheritance which a careless syphilitic father can give to his unfortunate family.

BRIGHT'S DISEASE, RENAL AND VESICAL CALCULI, AND A NEW APHRODISIAC.[1]

By John Ashburton Cutter, B. Sc., M. D., New York City.

IN 1892, a man, aged 56 years, a veteran of the Civil War and a politician, came under my care. He was obese, and for years had drank more or less freely of beers and liquors. On examination his urine was found to contain albumin, casts, and fatty epithelial cells, as well as free blood-corpuscles. Besides these, the patient suffered from renal colic, and one calculus passed through the right ureter which was ⅝ inch long and ¼ inch in diameter. Its click on striking the *pot de chambre* was plainly audible.

I put him on a diet of broiled beef, lamb, and mutton, and allowed only one vegetable kingdom food at a meal, choosing from toasted bread, cracked wheat, wheatlet, wheatena, spinach, baked potato, hominy, and rice. The relishes permitted were pepper, salt, butter, Worcestershire sauce, horse-radish, and lemon-juice. Care was taken of the skin, and medicines given as indicated in order to regulate the digestion, bowels, and liver. He was also directed to drink freely of some neutral spring-water containing not more than from 4 to 8 grains of solids to the gallon, or an aerated, distilled water, at least 2 quarts being taken daily, and generally ingested while hot. He followed this prescribed course, carefully abstaining from all beer and liquors, and under this treatment the signs of chronic kidney degeneration gradually disappeared and no more renal calculi have occurred.

Some two years ago—for all this time I have kept the case under close observation—he began to complain of pain in the head of the penis and difficulty in urinating. The urine contained triple phosphates and a heavy deposit of muco-pus, the corpuscles being distended by granular gravel. The introduction of a sound into the bladder showed the presence of a calculus, and brought on an attack of urethral fever. A friend advised immediate operation for stone, but as albumin was occasionally present in the urine, altho in small amounts (casts and fatty epithelia being absent), I strongly opposed an operation, as I feared the patient would die on the table, as a distinguished publicist did a few years ago in this city. I made no change in the meat diet, but urinary sedatives were given. Larger amounts of distilled water were taken daily, and helmitol prescribed in doses of from 7½ to 15 grains three times a day.

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[1] Reported to the Medical Society of the Borough of the Bronx, April, 1904.-Med. Bulletin.

At the present time there is very little muco-pus in the urine, and the corpuscles are materially reduced in size and are whiter in appearance, showing that there must be less irritation from the vesical stone. There is no pain on urination; the only pain experienced is in the glans penis, when he leans forward. The patient is now 68 years old, and went through the recent protracted cold winter safely. He is able to be about and attend to his business. I am convinced that there must be a diminution in the size of the stone, but have abstained even from passing a sound, being content to let matters rest as they are.

Now, here is a man with a wonderful constitution who by his mode of life had brought on kidney degeneration, with deposits of stone in the kidneys and bladder. There has been marked relief in all these conditions. After passing his sixtieth year his sexual vigor, which had continued undiminished since puberty, began to wane. And here comes the strange feature of the case. After the exhibition of helmitol for its supposed action on the phosphatic stone the patient one morning complained of the aphrodisiac power of this remedy. As the weather was cold, he preferred not to be disturbed by an erection in the morning. I then endeavored to ascertain if any aphrodisiac properties had been noted in regard to helmitol, but my search resulted negatively.

From this time I observed the case very closely as to this special feature, and have become convinced that the drug has decided aphrodisiac power. If the medicine is discontinued, he will have no erection the following morning, but if two or three doses are given, from 7½ to 15 grains, during the day, an erection invariably occurs on the following morning, and the patient has performed his marital functions twice a week to the satisfaction of both parties.

It seems to me that a further trial of the preparation in this direction is desirable.

I make no comments on the history of the case otherwise. There is much at present in medical literature concerning the risks of meat diet, and men who ought to know better write with great unction of red butchers' meat and its alleged dangers. Yet broiled beef of good quality nourishes all tissues and rarely produces digestive disturbances. In eighteen years of practice especially connected with the management of chronic diseases I have seen but three cases of beef dyspepsia, and I am prepared with records of many cases of kidney and other diseases to show its value, and without risk, as in this case. [The man, who deserves most credit for having dispelled, in a measure, the meat bugaboo in nephritis, is Karl v. Noorden. It does not mean that meat may be permitted indiscriminately to every nephritic, but it is certainly important to know that a complete cutting off of meat *may* in some cases prove injurious.]

A TREATISE

ON

Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation*)

179.—Tr. Ferri Chlor.....
Potass. Brom.....
Sodii Brom..... aa 10.0
Glycerini 15.0
Aquæ.....q.s. ad. 60.0

The bromides, like the iodides, are incompatible with ferric chloride. The latter decomposes them with the liberation of bromine or iodine, as the case may be. The equation is as follows:

$$2KBr + Fe_2Cl_6 = 2KCl + 2FeCl_2 + Br_2.$$

As is seen, the ferric chloride is converted into ferrous chloride.

As free bromide is irritating to the stomach, the prescription should hardly be dispensed without informing the physician of the facts.

180.—Camphor Monobrom. ..... gr. iij
Chloral Hydrate ..... gr. v
Lupulin ..... gr. ij
M. et ft. caps. No. 1.

When monobromated camphor and chloral hydrate are triturated together, a soft moist mass is formed, which on further trituration becomes semi-liquid or liquid. Nevertheless, the prescription may be dispensed, as follows: Rub the monobromated camphor with some absorbent powder, such as starch or althea; do the same thing with the chloral and lupulin; then mix the two powders gently with a spatula, without trituration, and fill into capsules. Should the capsules come out too large, double the number may be filled, and the patient ordered to take two capsules instead of one The capsules should be kept in a cool and dry place.

181.—Magnes. Calcinatæ..... ℥ij
Pancreatini..... ℥ij
Bism. Subnitratis ..... ℥iss
M. ft. pulvis. Detur at scatulam.
S.: Take as much as can be placed on a twenty-five cent piece 3 times a day after meals.

Druggists rarely affix a "shake well" label to boxes containing bulk powders. Nevertheless, it is occasionally as necessary as with some mixtures. We are apt to forget that powders possess different specific gravities, and if such powders be mixed and not shaken frequently they will separate and form different lay-

ers, almost in the same manner as two or more immiscible liquids of different specific gravities do. The writer has made experiments on the subject, and found that if the powders be of different colors the different layers can be beautifully demonstrated. In this prescription almost the entire bismuth subnitrate will be found on the bottom, while the magnesia will be on top. The only way to obviate the difficulty is to direct the patient to shake the box well before taking the powder. This method of prescribing, while very common with German physicians, is not to be commended. Its only recommendation is cheapness.

182.—Hydrogenii Peroxidi ..... ℥j
Acidi Carbol. .... grn. xv
Tr. Ferri Chlor..... ℥ij
Glycerini..... ..... ℥i
Aquæ.....q.s. ad ℥iv
S.: ℥j four times a day in a little water.

This is one of the best possible specimens of incompatibility. On mixing the first three ingredients a violent reaction takes place at once; intense heat is generated, a very strong empyreumatic odor becomes noticeable, and the mixture froths and turns perfectly black. Of course, nobody would dispense such a mixture. The exact reaction is too complicated to be given here; one thing may be stated: the carbolic acid reaches the highest point of oxidation, and may be said to be completely "burned up."

183.—Potass. Permang ..... ℥ss
Acidi Carbol. ..... ℥ss
Aquæ ..... ℥iv

This is another example of the desire to get too much, but of getting nothing instead. Both ingredients are antiseptics, but react upon each other with the following result: The potassium permanganate becomes reduced, while the carbolic acid is oxidized to oxalic acid and carbon dioxide. The following equation shows the reaction:

$$\underset{\text{Carbol. Acid.}}{C_6H_5OH} + \underset{\text{Potass. Permang.}}{12KMnO_4} = \underset{\text{Oxalic Ac.}}{2H_2C_2O_4} + \underset{\text{Carbon Dioxide}}{2CO_2} + \underset{\text{Water}}{H_2O} + \underset{\text{Potass. Manganate}}{6K_2MnO_4} + 6MnO_2$$

No pharmacist will think of dispensing this mixture, as it is too nasty-looking; if the quantity of potassium permanganate is larger, a solid or semi-solid mass is obtained on account of the manganese dioxide which precipitates. (In this prescription the quantity of carbolic acid is excessive; not more than 2 drams will dissolve in 4 fl. oz. of water.)

(To be Continued)

A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation.*

Glyco-Thymoline. A claret-red solution, of agreeable odor, consisting of the following ingredients: sodium borate benzoic acid, salicylic acid, thymol, betula lenta, menthol, pinus pumilio, glycerin and solvents. A useful cleansing solution, in nasal and other forms of catarrh.

Gomenol. Commercial name of the volatile oil distilled from the leaves of Melaleuca viridiflora, a plant of the natural order Myrtaceqe growing near Gomen, New Celedonia. Chemically it is a terpinol. Clear yellowish liquid, of a camphoraceous or mint odor and taste. It is recommended in all bronchial affections and in whooping cough. Dose 5 to 60 min. in capsules or dissolved in olive oil.

Gonorol. Trade name of a brand of oil of Santalwood, which is claimed to be free from all impurities and therefore causing no digestive disturbances. It has but a very slight odor and is almost as colorless as water. It is soluble in 3 parts of 70% alcohol, while the ordinary oil of santal requires 5 parts for solution.

Gorit. Trade name for Calcium Peroxide 9. v.

Gray's Glycerin Tonic Comp. Contains glycerin, gentian, toroxacum, phosphoric acid, sherry wine and aromatics. A very pleasant tasting aromatic tonic; but there is no reason an intelligent physician should not be able to to prescribe and a competent pharmacist to compound an identical preparation.

Guacamphol. Guaiacol camphoric acid ester.

A combination of guaiacol and camphoric acid. While this compound is far from being as valuable in tuberculosis as its introducer claimed—from most recent reports it appears to be inferior to guaiacol, because it cannot be given in as large doses as the latter—, it *is* a most excellent remedy in the night sweats of tuberculosis. Dose, 5 to 8 grs. at night.

$C_6H_4—OC_2H_5$ OH

Guæthol. Ethyl-guaiacol. Pyrocatechin ethyl-ether.

This compound is the exact analogue of guaiacol, the only difference being, that where guaiacol contains a methyl radical, guæthol contains an ethyl radical. Oily liquid solidifying in the cold. Insoluble in water (the U. S. Dispensatory is wrong in this respect), soluble in alcohol, ether or chloroform. Recommended as a substitute for guaiacol. Dose

2 to 10 min, in capsules or in alcoholic solution. Externally it may be employed dissolved in chloroform or mixed with some ointment. Dose in 10 to 20 per cent strength (for neuralgia, rheumatic pain etc).

Guaiacetin. Pyrocatechin-acetic acid or Pyrocatechin sodium acetate.

In this compound the methyl radical of guaiacol is replaced by an acetate; that is it is pyrocatechin acetic acid ; if one atom of hydrogen in the acetate is replaced by a sodium, we get pyrocatechin sodium acetate. Both compounds are referred to as guaiacetin. White crystalline powder, odorless, soluble in water. Substitute for guaiacol. Dose 5 to 10 grs.

Guaiacol. Methyl pyrocatechol. Methyl-pyrocatechin. $C_6H_4(OCH_3)OH$.

Pyrocatechin–an isomer of resorcin—in which one atom hydrogen is replaced by a methyl group. Guaiacol exists naturally in beechwood tar creosote in combination with creosol and various cresols. On subjecting creosote to fractional distillation, collecting the portion which passes at a temperature a little above 200 C, and treating the latter with an alcoholic solution of potassa, potassium-guaiacol is obtained. On the addition of an acid, guaiacol is set free.

A colorless or yellowish liquid, characteristic aromatic odor, pungent taste. Can also be obtained in the form of a white crystalline solid. It is generally stated that it is soluble in 85 parts of water, but this is not so ; it requires about 200 parts of water for solution, but is very soluble in alcohol, in ether and fixed and volatile oils. Guaiacol has numerous uses. Besides being an established remedy in tuberculosis–having superseded creosote to a great extent, being much less irritating to the stomach and less disagreeable to take—it is also used as an antiseptic, antipyretic, local anodyne and resolvent. Its internal dose in tuberculosis is 2 to 5 min. dissolved in oil, alcoholic tinctures, brandy, wine etc. This dose may be gradually increased to 15, 20 or even 30 min. 3 or 4 times a day. As an intestinal antiseptic 1 to 3 m. As a local anodyne and resolvent in pleurisy, epididymitis etc. 50 to 30 m. are painted over the affected part. It is applied either pure or mixed with oil or woolfat. When applied externally, caution is necsssary, as in some individuals it is apt to induce collapse.

Guaiacol Carbonate. Duotal. $(C_6H_4OCH_3)CO_3$.

White crystalline powder, odorless, tasteless, insoluble in water and but very slightly sol. in alc., or oils. Contains 90 per cent of guaiacol. Is free from the irritating effects of creosote or guaiacol, passing unchanged through the stomach and splitting up only into intestines. On the other hand it is claimed (Rombach and others) that but a small percentage is absorbed into the system, the greater part passing out unchanged with the feces. Dose 5 to 15 grains 3 to 6 times a day—in wafers, capsules or powders.

(To be Continued)

DEPARTMENT OF MATERIA MEDICA & THERAPEUTICS

With special reference to new remedies or new uses of old remedies; Appropriate Queries are invited and will be answered in this Department.

The Treatment of Uterine Cough.

In the treatment of cough it is generally considered that the expulsion of bronchial secretions is the chief aim to be attained, and for numerous physicians cough is almost synonymous with expectorants and opium. The reflex element is too often overlooked, as in the case of uterine cough.

The cough of pregnancy entails great discomfort, by interfering with sleep and provoking vomiting. It may even precipitate abortion. The treatment, says Dr. L. Archambault (Rev. de Therap.), consists in rest in reclining posture and the administration of sedatives, like opium, viburnum prunifolium, etc. A sedative suppository may be applied to the cervix, made up as follows:

Extr. opium .....1 grn.
Extr. Belladonna ....1 grn.
Cocaine hydrochlorate.1 grn.

Certain dry, rebellious coughs, occurring in amenorrhea, cease completely during sleep, thus conclusively proving their own reflex origin. In such cases nerve sedatives, like the bromides and chloral hydrate, are indicated. Indian hemp, zinc bromide and the valerianates are also serviceable; for instance.

Zinc bromide .....8 grn.
Zinc valerianate .....8 grn.
Zinc oxide .....8 grn.
Confection rose to make ten pills.
Take one to three at a dose.

During menstruation the cough should be treated with remedies intended to regulate the catamenial function, as apiol in doses of 1½ to 3 grn.; tincture of iodine, 10 to 15 drops, ergot, etc. For the laryngitis which supervenes in the beginning of menstruation, steaming with menthol (menthol, 1 dr.; oil of melaleuca, 15 min. in 3½ oz. of olive oil, of which a teaspoonful is added to a basin of hot water) is useful. Uterine asthma will require the preparations of belladonna and the nerve sedatives. If a metritis is present, appropriate local treatment will also relieve the cough or asthma. The author is in favor of zinc chloride irrigations, in 5 per cent. strength for the cervix, and 2 per cent. strength for the uterus. Polypi, or affections of the adnexa, call for their particular treatments.

Endermol.

According to Dr. Virgil Coblentz (Med. News, Sept. 3d), the advantages of endermol as an ointment vehicle are: absolute freedom from any tendency toward rancidity, although as much as 15 per cent. of water may be incorporated; ready penetrability and absorption; pliability, smoothness and freedom from stickiness; freedom from irritating properties.

Eucaine Lactate.

Prof. Katz, of Berlin, reports excellent results from the use of eucain lactate in rhinology and otology. This new salt is soluble in water to the extent of 25 per cent., while eucaine hydrochlorate is only about 3½ per cent. water-soluble. A tampon moistened with a 15 per cent. eucaine lactate solution and left in the nose for four or five minutes produced a thoroly satisfactory anesthesia for diagnosing the position, size and nature of polypi and nasal hypertrophies. For the removal of hypertrophies by snare or forceps eucaine is preferable to cocaine, as it is far less toxic and does not cause shrinkage. There is, besides, no secondary hemorrhage, as eucaine lactate does not possess the constricting action of cocaine.—Therap. Monotsh. Aug., 1904.

The Phenyl-Hydrazine Test for Sugar.

Dr. J. B. A.—There are several methods of detecting sugar in the urine by means of this test, which is based on the discovery that hexoses, like all glucoses, combine with two molecules of phenyl-hydrazine on the

application of heat, forming osazones.

Kowarski's method, which is by many considered the best, is as follows. Five drops of pure phenyl-hydrazine are placed in a test-tube and 10 drops of glacial acetic acid added. Then add 1 Cc. of saturated solution of common salt, which causes the mixture to solidify. To this, 2 to 3 Cc. of the urine is added and heated for two minutes. On cooling, a yellow precipitate falls, showing crystals of phenyl-glucosazone. In the presence of over 0.2 per cent. sugar the precipitation occurs in a few minutes, while otherwise one must wait five to thirty minutes. The test readily detects less than 0.1 per cent. sugar in the urine.

Dr. E. S. M., Brooklyn—There is absolutely nothing improper or unethical in specifying Syr. hydriodic acid, Gardner, if you believe that that is the best preparation on the market. Nor is it unethical to prescribe ergoapiol, that not being a mixture of secret composition, but a skilful pharmaceutical combination of well-known ingredients.

Validol.

Dr. P. O. B.—Validol is the methyl-ester of valerianic acid cont. 30 per cent. of free menthol. It is a perfectly clear colorless liquid of the consistency of glycerin, insoluble in water, but soluble in alcohol and oils. It is a very good antispasmodic, useful in hysteria, migraine, vomiting and pregnancy, etc. Dose: 10 to 15 drops on a lump of sugar or in a little wine, 3 or 4 times a day.

Empyroform.

According to Dr. F. Bering, first assistant in the Dermatological Clinic at Kiel, Empyroform, a condensation product of tar and formalin, is a remedy calculated to displace all the other tar preparations. It can be employed even in comparatively recent and still oozing eczemas, and he has also used it in the very troublesome and obstinate infantile forms of the disease.

After the most acute stage of the *eczema has* passed under the influence of the usual desiccating remedies, he regularly employs Empyroform salve. The effect of the salve was striking in a number of cases of scrofulous eczema of the face that had withstood every other variety of local treatment. He used Empyroform in the form of five to ten per cent. ointment; and the almost absolute absence of odor deserves especially favorable mention. Intoxication from the drug never occurred.—Ther. der Gegenwart, July, 1904.

Celloidin as a Surgical Dressing.

Dr. Frederick Holme Wiggin details the technique of an appendicitis operation. After suturing the wound and disinfecting the skin, he applies the following solution: Celloidin, 1 part; absolute alcohol, 4 parts; ether, 4 parts. This thoroly seals the wound, but permits of its complete inspection, as the celloidin is transparent. The dressing also acts as a splint and holds the edges of the wound in proper position. If properly applied, it prevents infection of the wound and tissues from displacement of the bandage or careless handling. It must not be applied too liberally, as it has strong contractile powers and if too large a surface is covered it is likely to contract sufficiently to cause the edges of the wound to turn inward. The solution should be made fresh for each operation, as ether and absolute alcohol evaporate rapidly. Care must be exercised to see that the skin is well dried and the wound is not oozing, or the solution will not adhere properly. A piece of gauze is placed over the dressing and held in place with adhesive strips lightly applied, so as to make no pressure. Dr. Wiggin has used this dressing for five or six years and has found it very satisfactory.—Intern. Jour. Surg.

Antitussin.

Dr. J. B. R.—Antitussin is not a patent nostrum, like many of the advertised whooping cough "cures." It is an ointment containing 5 per cent. of the definite chemical compound difluordiphenyl, with lanolin and petrolatum as the base. The reports on its use are favorable. In two cases in which I

used it, the attacks were rendered undoubtedly milder, tho the duration of the disease was not shortened. The mode of application is important, if good results are to be realized.

The Salicylsulphonic-Acid Test for Albumin.

Dr. Leo Jacobi—I have had no personal experience with the salicylsulphonic test, but its advantages and the mode of application are described as follows:

This test is performed by adding a few drops of saturated aqueous solution of salicylsulphonic acid (25 Gm. of the crystals in 10 Cc. of water) to 20 or 30 minims of urine in a very small test-tube. If no precipitate occurs there is no proteid present. Should a precipitate occur, the fluid is boiled. This causes the precipitate, if albuminous, to become coagulated and flaky, whereas proteoses in such circumstances clear up, but reappear as the fluid cools.

Dr. Charles Murray, of the University of Aberdeen, after an extended experience with it, is convinced of the safety, convenience and delicacy of this test. No substance in the urine, apart from those of the proteid class, has been found to give the reaction. In the ordinary heat test for albumin caution is necessary in the amount of acid added. Too little or too much nitric acid may prevent coagulation. There is less chance of error if acetic acid is used instead of nitric, but even here a certain delicate degree of acidulation is necessary if absolutely accurate results are to be secured. In the salicylsulphonic acid test there is no danger of overacidulation, as even considerable excess does not dissolve the precipitated proteid.

There is then also the further advantage that the acid is stable and non-caustic. Hence the crystals can be readily carried and the test applied at the bedside. All that is necessary is to add a little of the acid to half a dram or so of the urine in a small test-tube, and if a precipitate appears to boil the fluid. If the precipitate does not disappear, but, on the other hand, becomes coagulated and flaky, the conclusion that albumin is present is an absolute one. The non-appearance of a precipitate when the acid is added is likewise to be considered as proof of the absence of albumin.

Sennine.

Editor Critic and Guide:—What would you dispense if you got a prescription calling for. Sennine, 2 ozs., as directed, A. S.

Here we meet again with the nuisance of having one name for two entirely different preparations. Sennine is a trade-name for syrup of Senna (Squire) and also for an antiseptic powder, consisting chiefly of boric and salicylic acids. An inquiry as to the method of using the medicine would reveal which preparation was meant.

Iodosol.

This is a French trade-name for iodine-vasogen.

It is strange, that one of the most valuable hypophosphites, namely ammonium hypophosphite, is not official in the pharmacopeia. It is an excellent stimulant expectorant in doses of 2 to 5 grains.

The well-known Fothergill pill consisting of one grain each of calomel, squill and digitalis cannot be surpassed for dropsy of hepatic origin. If it fails, the fault is pretty sure to lie in the the quality of the drugs. Some specimens of squills and digitalis, especially the latter, are *absolutely* worthless.

I don't know how digitalis applied externally can affect the kidneys, but a poultice of digitalis leaves applied to the region of the kidneys will often start a profound diuresis in suppression from acute nephritis. Maybe the heat does it? Maybe, but I don't think that the heat alone will produce such good effects.

Hydrastis should not be neglected in the treatment of obstinate gastric catarrh. Gastric catarrh is not a fashionable term nowadays, it exists, tho, and hydrastis in its various forms is a good remedy for it. No objection to combining it with various other remedies.

Lotio Zinci et Plumbi.

Zinci Oxidi 3ij
Liq. Plumbi Subac. dil 3vi
Glycerini 3ij
Aqua Picis ..... ad.... ℥iv

Apply in erythematous conditions of skin. Cooling.

Injection in Chronic Morphinism.

Strychn. Sulph. ..... ¼ gr.
Hydrastinæ hydrochl. ..... 6 gr.
Sparteiñæ Sulph. ..... 3 gr.
Atropinæ Sulph ..... ⅙ gr.
Aquæ ..... 1 oz.

S: 20 min. hypodermically 4 times a day.

Legrand's Anesthetic-hemostatic Solution.

Gelatini puriss 2.0
Sodii Chloridi 0.7
Beta-Eucaini 0.7
Cocainæ hydrochl. 0.3
Ac. Carbolici (cryst) 0.1
Aq. destillatæ ..... ad.... 100.1

Mialhe's Dental Tincture.

Benzoin
Balsam Tolu ..... each ... 15 grs.
Kino
Powd. Krameria ..... eves ... 6 drams
Alcohol ..... 2 pints
Oil of anise ..... 8 drops
Oil peppermint
Oil cinnamon ..... each.... 15 drops

Macerate for 3 days and filter. Very good for receding and bleeding gums [W.J.R.]

Venell's Nervine Balsam.

Lard (dyed red with alkanet ..... 1½ ozs.
Yellow wax ..... 2 drams
Expressed oil nutmeg ..... ½ oz.

Melt by gentle heat and add

Oil of Rosemary
Oil of Spearmint
Oil of Thyme
Oil of Lavender
Oil of Sage, of each ..... 5 drops
Balsam of Peru ..... 1 dram
Powd. Camphor ..... 24 grs.
Alcohol ..... 1 dram

For Hemorrhoids. [Adler]

Fl. ex. Hamamelis
Fl. ex. Hydrastis
Comp. Tr. Benzoin each ..... 1 dram
Tr. Belladona ..... 15 min
Carbolized oil (5%) ..... 2 drams.

Apply on a piece of cotton. Astringent and Antipruritic.

Schuetz's Inhalation.

Bromine
Potassium bromide, each ..... 48 grs.
Distilled water ..... 5 ozs.

Saturate sponge, put into cone of paraffin paper, and inhale for 5 to 10 minutes at a time. Repeat inhalation every hour. Recommended in croup and diphtheria.

Gonorrheal Injection.
(Melchior Robert)

Cadmium Sulphate ..... 20 grs.
Distilled water ..... 10 ozs.

Bath for Neurasthenics.

Powd. Calamus
Spearmint
Rosemary, each ..... 1 oz.
Chamomile Flowers. ..... 6 ozs.
Lavender Flowers ..... ½ oz.

For one bath.

Enuresis Nocturna.

1.

Fl. ext. rhus. aromat 3iiss
Fl. ext. ergotae ..... ℥ss
Fl. ext. belladonnae ..... ℥ss
Strych. sulph ..... gr. ¼
Syr. aurantii cort., q. s. ad ..... ℥iv

One teaspoonful four times a day.

2.

Fl. ext. jaborandi .....
Fl. ext. belladonnae .....aa ℥l
Fl. ext. tritici repentis ..... ℥ss
Fl. ext. ergotae .....
Fl. ext. rhus aromat .....aa ℥i
Aquae ..... ℥ss

One teaspoonful three times a day.

Christian Science and the Medical Profession.

Office of the Christian Science Publication Committee for the State of New York.

To the Editor of The Critic and Guide. Sir—In a recent number of The Critic and Guide you published an item referring to the attiude of the West Virginia doctors towards "Christian Scientists, Osteopathists, and ordinary quacks." It is said that "This is a note which should have been sounded long ago. What could not the medical fraternity, similarly banded, demand, aye command, in any community where, in a close contest, they might control the balance of power!"

Would it not seem that instead of seeking political assistance "in a fight against Christian Scientists," that it would be wiser and more profitable to win their co-operation in the battle of life? An acquaintance with Christian Scientists reveals the fact that their chief motive is to benefit their fellow-men, and to ease their burdens so far as they are able. So sincerely are they imbued with this unselfish desire that they are willing to risk the displeasure of those who misjudge them.

The medical doctor has nothing to fear from Christian Scientists, for they have a purpose in common and should unite in a mutual desire to alleviate the sufferings of the human race. The field is certainly broad enough for the labors of both. The writer is one of many who, after having failed to receive benefit from medical treatment, was successfully healed by Christian Science.

In this age of progressive enlightenment there is room for every advancing idea, and Christian Science is certainly meeting too many of the practical needs of humanity to be regarded as an object for organized opposition, or to be classified in the same category with "ordinary quacks." Yours truly,

RICHARD P. VERRALL.

Publication Committee.

Granted that the majority of Christian Scientists are sincere in their beliefs, this does not alter the fact that their teachings and activity are of a most pernicious character. I cannot see how we can work in common with you when you deny the very reality of disease, while by your denying the infectiousness of disease you endanger the health of the community. The editor is liberal enuf to examine the claims of every new thought and movement, but he believes he is rational enuf to be able to draw a line between advanced radical thought on the one hand and hysterical superstition, not unmixed with fraud and greed, on the other. True as you say, there is room for every advancing idea. But Christian Science is not an advancing idea; it is a retrogressing idea, the idea of darkness, of the middle ages. Sorry, Mr. Verrall, but we represent opposed—not merely different—thought movements, and we cannot work together. The Tenth Century cannot occupy the same platform with the Twentieth.

The "Modern" Druggist.

Editor Critic & Gbide:—

Do you know Mr. Cutman? Don't say no, for I am sure you met him or heard about him some time or other.

Well, he is the "modern" druggist. He is not your professional old time pharmacist; ethical, dignified, the man doing the work in the laboratory; the one to whom the serious physician delighted in sending his prescription. Oh, no! Our Mr. Cutman is "modern," don't you know, and with him such things as ethics, dignity, principle, are so many commodities sold for a price along with other goods in stock. And being "modern," he is, as you may imagine, a dealer in drug stores.

Yes, he is the aggressive, up-to-date, hustling dealer in drugs and drug stores. He is, in short, the man after the heart of "modern" (read "yellow") pharmaceutical journals.

But to begin at the beginning. Mr. Cutman, on passing his examination before the Board of Pharmacy, after five or six trials, lost no valuable time in coming in possession of a drug store of his own. Success crowned his efforts in behalf of pharmacy. With "reduced prices" as his motto and "souvenirs" to the kids

as his weapon, Mr. Cutman soon prospered and became a "captain of industry." He spread out; bought drug stores and sold them, established them, multiplied them. And now the "corner store" became his mania. He dreams about it in his slumbers, thinks of it in his waking hours. For as you may know, with the present development of pharmacy, the "corner" has been scarce, so scarce indeed that the owner of it asks three times the actual value and gets it—from Mr. Cutman. For he is a speculator, is Mr. Cutman. Now, having secured his lease for the "corner" at the moderate rate of a hundred and sixty dollars per month, a conspicuous sign is next hung in the windows, bearing the following legend: "This store will open as a first class drug store, with pure drugs and chemicals, wholesale and retail, etc., etc."

On a propitious Saturday doors are swung open and cakes of soaps, wallpockets, knives, scissors, mirrors and match boxes are given away galore as souvenirs—and . . . the pharmacy is established. Then comes the turn of Mr. Crooks, the man about town, in the pharmaceutical world of Mr. Cutman, the broker in fact, who counts his clients (read victims) by the score. With the aid of such expert brokerage, the "corner" is soon sold. One thousand dollars cash down and three thousand in monthly dues as per mortgage, and all around is satisfactory.

Of course, like many a great man, Mr. Cutman has his reverses. The mortgage, it is true, is quite an adhesive article, but the victim does not always stick to it.

One beautiful bright morning the "unexpected" happens. The bird flew from its nest, goods are missing too, and Mr. Cutman is left in the lurch.

You would be grossly mistaken, however, to think that Mr. Cutman is dismayed or embarrassed by defeat. Not he. The same procedure of "opening day souvenirs" is gone through once more; the above Mr. Crooks attends to the rest. And as Mr. Cutman puts it, "Once a pharmacy, always a pharmacy." Of victims, Mr. Crooks has an inexhaustible stock, all burning with desire to emulate the "captain of industry," i. e., to become dealers in drugs and drug stores, to establish them, multiply them in an endless chain, to the glory of themselves, pharmacy and posterity.

Here is at least one of Mr. Cutman's favorite formulas for drawing trade (and in this he is well instructed by the advertising departments of the "modern" pharmaceutical journals): "Have your windows well pasted with signs. Large signs, small signs, any kind of signs, the more the merrier. It is 'modern,' up-to-date and just what the hustling druggist is made for." So well does that formula seem to work that it has been adopted by every hustling druggist anxious to copy from the first model.

Such is our Leader, the "modern" druggist, and it will be a very unappreciative and ungrateful generation that will fail to acknowledge and remember him.

Much more could be said of his many and multifarious virtues, of all the benefits bestowed by him on humanity in general, and on pharmacy in particular, but feeling restricted by the knowledge that space is valuable, I will desist, consoling myself, however, with the hope of a future contribution.

M. MAHLER.

111 Ave. B. City.

Dose of Strychnine.

Editor Critic & Guide:—

Your October issue contains many good things, but one very bad break—unless I am greatly mistaken. On Page 94, Dr. Waugh advises a quarter grain or more of strychnine in 24 hours for chronic cases that need bracing up. Now if that is orthodox, regular scientific treatment, I must say I would rather my poor relations and friends in the need of a tonic should go and buy a bottle of Peruna or Liquozone rather than have them fall into the hands of some diplomaed doctor who knew no better than to follow Waugh's advice. If he means what he says it is an impressive example of the propensity of men who are using dangerous tools to use them recklessly.

E. B. FOOTE, M. D.

New York.

Reply.

Dear Doctor:—There was no mistake in the suggestion made to which Dr. Foote refers. My meaning is perfectly clear in the article and that is that enough strychnine should be given to produce the effect whether the quantity given be little or much. It is not often that so much as a quarter grain is needed, nevertheless, I have given one-sixth grain at a single dose.

Trousseau, you will recollect, gave strychnine up to a grain a day in the treatment of epilepsy. If satisfied that strychnine was indicated, and it was necessary to produce the required effect to give the latter dose I should not hesitate to do it. Please tell me how I can make my words sufficiently striking to impress upon the reader the necessity of dropping the silly custom of dosing by the text-book, for the rational method of dosage "for effect." It is true that this latter method requires a keen insight into the conditions present and appreciation of the correct medication required, but surely it is not asking too much of the modern doctor that he shall be qualified to do this before undertaking to interfere in any case by medication.

WILLIAM F. WAUGH, M. D.
Chicago.

Dear Doctor:—

I am in receipt of a sample copy of the Critic & Guide, and I note with a great deal of pleasure the fearless work that you are doing in exposing frauds like the James Alkaloidal Co., Sears, Roebuck & Co., and others, and wish you God speed in the work you have on hand. These two concerns, however, are only two out of a great many, and therefore when you begin to expose them you have only begun your work. In order to show you that you have encouragement in your work I herewith submit to you an impromptu discussion of mine made before the Michigan State Medical Society at its last meeting, which is duly explained by the caption which I have placed above it.

With grateful appreciation for the work in which you are engaged. I am with kindest regards,

Respectfully yours,
J. H. REED, M. D.
19 Main street, East, Battle Creek, Mich.

Dear Dr. Robinson:—

Certainly the fake-formula stuff is, if anything, worse than the no-formula stuff. I have again looked thru the pages of the New York State Journal of Medicine, and it is rather discouraging. I have written Dr. Denison. I don't think *all* the work is in vain, for I notice that the J. A. M. A. has begun printing formulæ with the ads of some things now it is up to them to do the some thing in every case, and to show cause why they should not be convicted when they run fake formula stuff, like uriseptin. I think we will see results in time, if we just keep hammering long enough and hard enough.

Sincerely yours,
PHILIP MILLS JONES.
Ed. Calif. State Jour. of Medicine.

Dr. Robinson:—Will you kindly inform me whether you have taken up, editorially, the Magno-Electric Vitalizer, recently invented by Thomas A. Edison, Jr., and give me your opinion of its therapeutic value? K. D. Goodbar, Box 66, Charleston, Ark.

The Magno Electric Vitalizer is an unmitigated fraud and swindle. A fraud order has been issued by the Post Office against the company. The order was obtained at the instigation of Thomas Edison, Sr. The younger Edison is a scamp. He did not invent the "Vitalizer." He simply allowed the use of his name for advertising purposes at so much ($35.00 to $75.00) per week.

J. J. Hubel, N. Y.:—Of course, the American Health Improvement Association with its great health specialist, Sproule, is a fake. At glance at their circulars is sufficient to convince the most inexperienced, that the concern consists of nothing but quacks, with a capital Q. And S. Malcolm Watson, with his vibro discs is not any better.

Dear Doctor:—Your sample copy of the CRITIC & GUIDE thoruly examined and must say, that it impressed me very favorably. It seems to be full of ginger. Enclosed find my subscription.

Sam'l A. Ellis, M.D.,
Los Angeles, Calif.

USEFUL CHIPS FROM THE CRITIC & GUIDE PILE.

(Save them; they may come in handy.)

If you prescribe ung. potassii iodidi or ung. iodi with ung. hydrargyri, you may get a splendid blister or erythema. The cause is the formation in the ointment of mercuric iodide.

Anointing the body of every scarlatinal patient, especially during the peeling period, with olive oil, should be a routine practice. It limits contagion, prevents "colds" and nephritis.

Very finely powdered acetanilid mixed with equally finely powdered boric acid, is a good combination for purulent otitis media. Of course it is to be insufflated only after the pus and debris have been thoroly and carefully removed.

For neutralizing the alkalinity of urine, benzoic acid is one of the pleasantest and most efficient means. Ten to twenty grains 3 times a day. Efficiency still further increased by combining with hexamethylene-tetramine.

It is surprising that the syrup of hydriodic acid is not used more than it is. It is certainly preferable to the alkaline iodides, sharing neither their depressant effects, nor their irritating effects on the stomach. In our opinion, Gardner's syrup of hydriodic acid, the first preparation introduced to the profession, is still the best: i. e., most stable and least irritating. The official formula certainly yields an inferior product.

Antipyrin in chorea is not tried as often as the remedy deserves.

A good asthma powder: Potassium nitrate 6 drams, powdered stramonium, lobelia, grindelia, each 1½ drams, powd. belladonna, hydrastis, each 30 grs. Burn a teaspoonful and inhale smoke.

A solution of eserine salicylate may be rendered stable by adding 1 drop of sulphurous acid to the ounce of solution. The eserine is not affected by the small amount of sulphurous acid.

If you wish to use creosite as an *inhalation* you may use the following formula: Beechwood creosote, spirit of chloroform, each 2 drams, alcohol 4 drams. Use thru inhaler.

The one single best remedy in epididymitis is guiacol. If one should call it a specific, the exaggeration would be but a slight one. Merely paint the scrotum and cord, with a mixture of guiacol 1 part and olive oil 2 parts.

That quinine is an efficient preventive of conception is known to many physicians; few, however, know that it is an excellent remedy for leucorrhea. A vaginal suppository of quinine sulphate or hydrobromate 5 grs., with cocoa butter 1½ drams is insert every night or night and morning. We have not come across any case of cinchonism. Of course it may be combined with astringents and antiseptics.

It is hardly credible, but it is a positive fact that some physicians and pharmacists do not yet know that alcohol is antidote to carbolic acid.

Peroxide of hydrogen—a tablespoonful to a quart of water—is good in the vomiting of pregnancy. Drink ad libitum.

Corrosive sublimate as a routine vaginal or intrauterine injection should be discarded. It is too potent and too dangerous. Aside from positive cases of poisoning, we do not know how many kidneys have been temporarily or irretrievably injured by the injections. Absorption of the $HgCl_2$ cannot be prevented and you cannot know just exactly how much is absorbed.

Potassium permanganate is the best material for vaginal and intrauterine injections. *Perfectly* harmless in any strength and efficient. Only disagreeable feature—stains the linen.

Potassium permanganate stains can be readily removed by rinsing in oxalic acid solution.

Do not prescribe carbolic acid and peroxide of hydrogen in the same mixture. Both are destroyed.

A saturated solution of potassium bichromate makes a pretty good application for warts.

CRITIC & GUIDE

WILLIAM J. ROBINSON, PH.G., M.D., EDITOR.

1 year, $1.00. Foreign countries, $2.00. Single copy, 20c.

Subscriptions must commence with January issue. If a copy fails to reach you by the 20th, notify us and we will mail you a duplicate copy.

The Editor of this Journal writes his own editorials. He says what he wants to say and in the way he wants to say it without reference as to what Mrs. Grundy will say or think
The Editor is responsible for his own opinions only. He always tells the Truth, or what he considers to be the Truth, but as he lays no claims to infallibility, he will be grateful to his readers if they will take the trouble to point out his errors.

It is better to make a mistake in trying to tell the truth,
Than never to tell the truth for fear of making a mistake.

Vol. IV. DECEMBER 1904 No. 6.

☞ *Just for the fun of the thing, I thought I would write this entire issue myself. And here is the result. Tell me how you like it.*

ANOTHER YEAR GONE.

Another cycle closed, another year gone by. What a critical, strenuous, eventful year this has been in the life of the CRITIC AND GUIDE! Savagely and fiercely did the waves of ignorance, calumny and misconception strike against our frail craft, trying to destroy and engulf it, but boldly and bravely did we continue on our journey, looking neither right nor left, following strictly the path of duty, as *we* saw it, and sailing on and on towards the Haven of Truth. We tried to feel right and we wrote as we felt, and, as a result, we made enemies galore. And those enemies united, trying by their combined strength to overawe and crush the infant prodigy of medical journalism. Their hirelings went from doctor to doctor, from advertiser to advertiser, attempting to discredit the journal and its editor. But we refused to become meek and diplomatic, refused to count the cost and continued to hit—harder than ever. And the result? The CRITIC AND GUIDE is an acknowledged power, is incomparably stronger than it was a year ago, is on an absolutely secure and firm basis—and will live as long as the editor does. The future looks bright to us, and we expect that in two years more the CRITIC AND GUIDE will be the greatest and most influential monthly in America. We are not given overmuch to vainglorious boasting, but we have a right to interpret the signs and indications. And now I will take the liberty of reproducing an editorial, on the same topic, which I wrote

just a year ago to-day. It shows that the melancholy note has become changed, to some extent, into a triumphant one.

HOW TIME FLIES.

How time flies! It seems but yesterday that I was writing the first editorial for the CRITIC AND GUIDE. But not a day, a whole twelvemonth has rolled by. And what an exciting year this has been with us! Who can understand the quivering and the trepidation with which an editor launches upon the stormy public sea a frail, but aggressive organ like the CRITIC AND GUIDE. A journal without any sponsors, without any financial backing, and written with the blood of your heart and the gray substance of your brain —ah, never will you know with what anguish the Editor watches the effects that his poor effort is producing. A failure in such a case is heartbreaking indeed. It is not like publishing a trade journal, or a journal for pelf only. There, success is measured simply by the dollars that have been taken in; by the profits. In a journal like the CRITIC AND GUIDE, the business success is a secondary consideration; the commendation of the professional press and the grateful appreciation of your efforts by the readers is of much greater importance. And of these we have had a generous measure. And we are duly grateful. And we shall endeavor in the future, as in the past, to publish a first-class, ethical, fearless, bright and independent journal. We pray for your aid and co-operation, and also for your indulgence, if once in a while, we do not come up to your expectations.

IS THE CRITIC AN UNHAPPY MISANTHROPE?

There are many people in this world whose character and doings would not bear an X-ray exposure. Those people of course do not like the "pestiferous critics" and they are anxious to make everybody believe that critics in general are unsuccessful, soured, dried-up, dyspeptic individuals, who have failed in life, who think the world has not treated them right and who are trying to get "square." The Editor does not know all critics, but he knows one—himself, and he begs to say, that as far as his own person is concerned, that description is as false as the claims of a patent medicine. The Editor of the CRITIC AND GUIDE has personally nothing to kick about. He has good health, good habits, fair abilities, a lovely and loving wife, sweet children, a good home, is fairly well off, is at peace with himself and the world at large and is an optimist thru and thru. And it is when he is in his best spirits and happiest mood, that he writes his best critical articles. And he is a critic not because he has anything personal to kick about, but because he believes that he has a mission to perform, because he wants to see this world a better and happier place to live in, because he believes that critics are of the utmost importance in the development of mankind, because he believes that all progress made in this world,

progress in the religious, political, social, economic and every other field was to a very large extent due to kicking, to discontent, to criticism.

In the present stage of the world's progress, critics and guides are very necessary, in spite of what the knaves and dunces may say to the contrary.

RADIUM, IODOFORM AND MUSK—INTERESTING FACTS WORTH KNOWING.

The discovery of radium sent a wave of hysteria thruout the medical profession, affecting a goodly number of physicians, who partly in sincere enthusiasm, partly for advertising purposes, declared that the greatest and most wonderful therapeutic agent has at last been found. There is nothing surprising in this. We have witnessed this phenomenon many times. We warned against this slopping over, and now the therapeutic powers of radium are recognized to be quite limited. But what is really surprising. is that the wave of hysteria had also infected a large number of physicists—people too thoroly imbued with the immutability of the laws of Nature to become giddy over any new discovery. They did tho—that is, some of them did—in this instance. They declared that our text-books on physics would have to be rewritten, that the theory of the transmutability of force and matter would have to be modified, etc., etc. And all because radium was constantly giving out emanations without (apparently) undergoing any change in power or weight.

Now there is nothing wonderful in that. The non-loss in weight is merely apparent. There is a loss, but it is so infinitesimal, that we possess no means of determining it. It is the same with odorous substances. Why do we smell? Because the substance that "smells" emits or gives off minute particles into the air, which particles reach the Schneiderian membrane of our nose and stimulate the terminations of the olfactory nerves. In order we should be able to smell, the substance that we smell *must be volatile* and must give off particles into the air. Not all volatile substances are odorous, but all odorous substances must be volatile. If a substance is absolutely non-volatile, it cannot be odorous. It must lose some of its weight. But *how much* of their weight do you suppose, do some strongly odorous substances lose? Berthelot, experimenting with iodoform, found that one Gram of iodoform loses one *billionth* of a Gram in an hour. That makes 8,760 billionths of a Gram, or a little less than 1-100 of a milligram, in a year. In other words, it would take more than a century for a Gram (15 grs.) of iodoform to lose one milligram (1-64 gr.) of its weight.

With musk, the loss in weight is still more infinitesimal. According to Berthelot, it would take about 1,000 centuries (100,000 years!) for a Gram of musk to lose one milligram! A long time, indeed.

There can hardly be any doubt that the radium rays diminish its weight, but the loss is too infinitesimal to be appreciable by any means at present at our command.

The laws of force and matter do not yet need revision. (We would suggest that somebody weigh out with extreme care a Gram of pure radium—if he can get it—put it away carefully, weigh it again in 500 years and report the results to us.)

The California State Journal of Medicine and the Journal of the A.M.A.

The *California State Journal of Medicine* is a good, interesting journal. It is doing good work in agitating and keeping alive the question of ethical advertising. Not infrequently it is in error, it occasionally shoots wide of the mark, but on the whole it is O. K., and it is better to make a mistake in trying to tell the truth than never to tell the truth for fear of making a mistake. But I am certainly not in sympathy with its violent attacks on our national organ, the *Journal of the American Medical Association.* I am not in sympathy for two very valid reasons. First, it is unwise. Even if all of Dr. Jones' allegations were true, it would be unwise to *publicly* attack the *Journal;* while one is engaged in a war it is unwise to *publicly* attack and expose the weaknesses of your commander-in-chief. It means giving aid and comfort to the enemy. We are fighting quackery, irregular practitioners, fake colleges, self-medication, etc., etc., and if we expect to achieve any results, we can do so only by having a strong united national organization. To attack the *Journal* is to weaken the organization. and these attacks give aid and comfort to the numerous unethical and mercenary publications, which would like to tear our *Journal* to pieces. I repeat: even if everything Dr. Jones alleges were strictly true, it would be very unwise to publicly attack the *Journal.* Any reforms we wish to make, we can make quietly and peacefully. No one will accuse me of being too timid in attacking an evil, but before attacking anything or anybody, I always ask myself: What will be the ultimate result of the attack? Will it on the whole do more good than harm? And it is only when I can conscientiously answer the last question in the affirmative, that I go ahead. If I am in doubt, the article is not written, or if written, it goes into the waste basket. And the attacks on the *J. A. M. A.* most decidedly do more harm than good. It makes me sick to see a lot of nondescript publications, themselves carrying the vilest advertising matter, gloating over Dr. Jones' attacks and reprinting with approval his editorial, attacking the *J. A. M. A.* Am I not right?

Second, Dr. Jones *is* wrong in many of his statements. As far as I am aware, every preparation for internal use advertised in the *Journal* must submit its formula to the Trustees. I know personally of several preparations that were rejected by the Journal, because the formula was refused, or the formula was such as

not to commend itself to the judgment of the experts, whose opinion was asked. Dr. Simmons is somewhat conservative, but he honestly endeavors to be fair and just. I could mention two dozen articles which are carried by the *Medical Record, New York Medical Journal* and *Medical News* and which were rejected by the *Journal.* But it might be interjected: Those are private enterprises, belonging to "commercial" publishers, etc. Well, how about *American Medicine,* founded, owned and controled by the Medical profession of America, which we are told would be, and allegedly is, strictly ethical in its advertising? Here are a *few* ads. which were carried or are carried now by *American Medicine* and which were rejected by the *J. A. M. A.*: California Fig Syrup, Duffy's Malt Whiskey, Manola, Virone, Fitchmul, Roberts-Hawley Lymph Compound, Labordine, Pond's Extract. Doesn't this show at least a desire to be ethical and discriminating? As far as my knowledge goes—and I think I am pretty well informed, tho my information comes indirectly—the Journal of the A. M. A. draws the line just exactly where the CRITIC AND GUIDE does; namely, at remedies for internal administration of secret composition, and at remedies advertised directly to the laity. And I believe, that the *Journal* has not knowingly overstepped the line. And the line is getting drawn tighter and tighter. There are some advertisements there which I would prefer not to see, but then I am perhaps too finicky. A remedy of real secret composition is not to be found in the pages of the *Journal*—not lately. It is too much to ask the full quantitative formula of every preparation. The doses of the active ingredients we must know, but the vehicle (except it be strongly alcoholic) and the flavoring are of little importance. Nor is it necessary to print the formula, each and every time. The real question is: *can* the physician find out the formula of the product or is its composition kept secret? Only if the latter is the case, is the product to be rejected from all respectable journals. And the demand for exact quantities becomes absurd when it concerns such a preparation as a kaolin paste. What does the doctor care about the exact proportions of kaolin and glycerin? He knows the ingredients of the preparation and it is for him to find out whether it is superior to the old time mushy flaxseed poultice, whether it answers the claims made for it by the manufacturer or not.

I hold no brief for the *Journal of the American Medical Association.* This article is written, of course, without the knowledge of anybody connected with the *Journal.* But believing as I do in the necessity of a strong national organization, with a powerful influential organ, I consider it my duty to defend the *Journal* against any attacks which are unjust or unwise or both. The *Journal* is not perfect, but it is gradually getting better; better in every respect. No unbiased man can deny that. And that's

all we can demand. I believe that the time is not far distant, when the *Journal* will not carry a single line of objectionable or even questionable advertising, and when every preparation advertised in the *Journal* will ipso facto be considered reliable and true to claims. I also believe that the *Journal* will acquire such a large circulation, that it will cause a great number of journals to wither and die. But this is a consummation devoutly to be wished for. Drug Stores, Colleges, and Medical Journals—the fewer we have, the better off we will be. What we lose in quantity, we will gain in quality—That's all.

"AMERICAN MEDICINE."

I don't imagine I am violating any secret, when I say that *American Medicine* is a great disappointment. Not because it isn't about as good a journal as our other first-class weeklies. It is. But it isn't a bit better or even different. Hence the disappointment. When with loud trumpet and clanging cymbal the announcement was sent broadcast of the founding of *American Medicine,* a great, ethical journal, free from taint of commercialism, from the domination of lay publishers and owned and controled by the medical profession of America, we expected great things. And we responded generously, giving our fifty and hundred dollars readily, cheerfully, without the expectation of any dividends, glad to further the development of true medical journalism. What has been the result? In what respect is *American Medicine* superior to the *Journal of the American Medical Association, Medical Record, Boston Medical and Surgical Journal, New York Medical Journal* or *Medical News?* Let us answer that question honestly, without minding the severe frown on Dr. Gould's face. Superior it must be, if its raison d'etre is to be justified. For if it is merely equal to any of the above journals, then it was no use to call upon the profession to aid in establishing another journal. We surely were well supplied. The question: In what respect is *American Medicine* superior to or different from other first-class medical journals, is therefore a perfectly legitimate one. Is it bolder and braver in its attacks on the evils of the day, than the other journals? No, it is not! The question of ethical advertising it ignores altogether, while other evils are attacked in a half-hearted manner, without the courage of calling things *by name*—the only method which is effective. Its original articles are of about the same quality—not quite as good—as those in the other weeklies. It does not print and mercenary write-up articles. Does *any* other first-class journal, published by "commercial laymen"? I purposely went thru the *Medical Record* for the last five years, and failed to find a single write-up article. Its abstract department is inferior both in quality and quantity to the abstract department of the *Journal of the A. M. A.,* or even the *Medical Record.*

Its reports of medical meetings are exceedingly poor. We thus see that in its reading pages *American Medicine* is not a bit superior to the other weeklies which have been twenty, thirty and forty years in existence.

But perhaps the superiority and the ethical attitude were to be shown in the advertising pages. We know of no weekly published by "commercial laymen" that is any less ethical than *American Medicine.* We do not know where it draws the line, if it draws it anywhere. Is there a single ad. which the *Medical Record* would accept and *American Medicine* reject?Most assuredly not. We could not expect *American Medicine* to be as extreme as the *Pennsylvania Medical Journal,* but we certainly had a right to expect that it would be at least as discriminating as the *J. A. M. A.* or the CRITIC AND GUIDE, that is, that it would reject all preparations of unknown composition or advertised to the laity. Even in this we were disappointed. We were thunderstruck to see Duffy's Malt Whiskey advertised in its pages (stuff advertised in the filthiest papers as the greatest prophylactic and life-prolonger). And looking thru to-day's issue (November 19), we find Pond's Extract, California Fig Syrup and Labordine. I have nothing against Pond's Extract of witchhazel and the California Syrup of Senna, *minus* figs. They are good preparations of their kind, but it does seem to me somewhat incongruous to see the same products advertised in the yellowest papers, in the filthy police gazettes and in the alleged most ethical journal, owned and controled by the Medical Profession of America. As a part of that medical profession (and as a stockholder) I register my humble protest. And what is Labordine, the vegetable antipyretic? What is its chemical formula, if really a new compound? If a mixture, what are its components? Is it right, is it ethical to further the use of secret remedies? Again I protest. And I protest especially on account of the following statement which appears every week in the advertising pages of the journal. That statement is: "Read the advertising pages of *American Medicine.* Therein are announced the medicinal preparations of known constituents and established value. . . . We maintain the highest standard of reliability in our advertising pages. Like our text-pages, they represent much thought and research. . . . " Now, all this "ain't so," and it isn't right to make such a statement.

Looking at the matter in a straight, unbiased spirit, I cannot help saying that *American Medicine* has not come up to our expectations. In its text pages it is not a bit superior, if it is equal, to any of the other long-established weeklies; while in its advertising pages it is less discriminating than many other journals, among which may be mentioned the *J. A. M. A., St. Paul Medical Journal, California State Journal of Medicine,* the CRITIC AND GUIDE, and the *Pennsylvania Medical Journal.*

American Medicine is a good journal, but if it has accomplished any other object beside that of satisfying Dr. Gould's personal ambition—a perfectly honorable and legitimate ambition—we should like to know what that object is. I think that on the whole we have a right to ask: What was all the fuss about and why was the profession asked to contribute?

THE NEW YORK STATE JOURNAL OF MEDICINE.

To attack a journal that is published far away requires some courage, but not so very much. You make a few more impersonal enemies—and what's the odds, a dozen more or less, as long as you are happy? But to attack a journal that is published right in your midst, that is edited by people with whom you come in frequent contact and who can influence your standing in the medical societies, and even affect your future consulting practice—requires courage indeed. But Dr. Robinson is nothing, if not courageous. He will therefore sorrowfully but unhesitatingly say, that the *New York State Journal of Medicine* is most decidedly a discredit to the Association which it is supposed to represent. Honestly, gentlemen, light your cigars—thank you, I don't smoke—and let us discuss the matter calmly. I believe, as you do, that every new journal must have a distinct object, a distinct raison d'etre. Now what is the raison d'etre of our *State Journal?* Was it founded for the purpose of giving our members an excellent medical journal? If so, it is a dead failure, for the journal does not come within a thousand miles of the *J. A. M. A., Medical Record, N. Y. Medical Journal* or *Medical News*—journals that were about half a century in existence before the publication of the *State Journal.* Was it established for the purpose of printing the papers read at the meetings of the Association and its branches? The good papers are printed in the regular weeklies anyway, and the trashy ones, why it is a pity to waste paper and composition on them. Besides, the annual Transactions served that purpose as well. The editorials?—Only by the greatest stretch of courtesy can they be called such. They are too trivial to be discussed. So what is your object? In a state journal, the policy is everything, and unfortunately you have no policy whatsoever. Take the *Pennsylvania Medical Journal*—it has a distinct policy: high ethical ideals in general and the rejection of advertisements of proprietary or trade marked articles of any kind. The *California State Journal* has also a distinct policy: the fighting of quack nostrums. But what's your policy? Alas, none!

But let us go to the advertising pages. It is here where we blush and bow our heads in humiliation. What? The official organ of the Association of the greatest state in the Union to *accept* the preparations of the Medical Brief crowd! Neurilla.

What is Neurilla, that tranquilizes the nerves? And what is Respiton? It is stated: prepared from asclepias and berberis. Has the committee of publication satisfied itself that it really consists of those two drugs only, with no addition of narcotics, such as morphine or heroin? Oh, that fake formula business! It is simply a shield for hypocrites and, as Dr. Jones says, is worse than no formula at all. We certainly had a right to expect that our *State Journal* would be as ethical, at least, as the *J. A. M. A.* It carries several ads. which the national journal would reject, the presenility-fake Sanmetto being one of them.

Something has happened to the journal. Its policy has become changed. It was much cleaner in the beginning. This can be well seen from a little skit which appeared in it (*New York State Journal of Medicine,* June, 1903, p. 205) and which I take pleasure in introducing right here. It makes interesting reading and it is in strange contrast with the proprietary nostrums now advertised in its pages. It is entitled:

PRESCRIBING PROPRIETARY REMEDIES WITH COPYRIGHTED NAMES.

"No, indeed, I am very much better," ringing for a maid. "I want to show you what I am taking. It is perfectly lovely." Enter maid. "Mary, bring me that bottle of medicine off the mantlepiece in my bathroom." Exit Mary. "It is so nice tasting that there is nothing in it at all harmful. It is a medicine Dr. Moon recommends to all his patients. No, oh no, I haven't been to him, but Mrs. Spendthrift went to see him and he prescribed this; Restorethemall is the name, and he said he gave it to all his patients. It was the best thing he knew for nervousness and a general run-down condition." Enter maid with bottle and a medicine glass. "Now I want you to try it. It is very nice-tasting, and it doesn't make any difference whether you take it before or after meals. It is simply delicious—and if you take it before meals it increases your appetite, and if you take it after meals it doesn't make you feel tired and distressed, as I know I always do after eating. You may return the bottle to my room, Mary." Exit Mary. "Do you know I got my first bottle at Corner's drug store and they charged me $1.25? The next bottle I got at Sell's drug store and I only paid $1, so I go there now for it. This is my seventh bottle. I told Mrs. Fay about it and she got a bottle and feels better than she has in ages. Oh! must you go?" etc. Dr. Moon is an eminent specialist, connected with a large medical college, and the other characters live on the West Side of Manhattan.

STATE MEDICAL JOURNALS.

I am in favor of state medical journals. I believe that every strong medical society should have an organ of its own; where a state medical society is not numerically strong enuf, the soci-

eties of three or four neighboring states can consolidate and publish a journal in common. But a state journal must have another purpose than that of making money. It must have a principle, it must have an ideal. Even for the sake of "making the expenses," it has no right to accept questionable advertising. I wish every state medical journal would take the following words from Dr. Koenig's farewell editorial for its guiding principle:

The publication of a medical journal, *and especially one representing the transactions of a great medical society,* should be as free from commercialism as is the daily life of a physician actuated by the highest motives of humanity, and no one will deny that to encourage the use of unethical remedies tends to injure the sick and afflicted rather than to benefit them, and the only advantage, therefore, that can accrue is represented by the monetary consideration.

Let these words be printed on the first page of every society-owned medical journal, and what is more important, let them be lived up to!

DR. ADOLPH KOENIG.

When the history of American Medical Journalism will be written, the name of Dr. Adolph Koenig will occupy a prominent and honored place. I have no hesitation in saying that he has done more for American Medical Journalism than any other editor, living or dead. As editor and publisher of the *Pennsylvania Medical Journal,* he demonstrated that a medical society could own its own journal and run it successfully without the aid of a single quack medicine advertisement. And he has a right to be proud of his pioneer work, which is, or rather should be, a model to all State Medical Journals.

I met Dr. Koenig but once, and in the short interview and discussion we had, he impressed me as a deeply earnest and inflexibly honest man. We regret his retirement from the *Pennsylvania Medical Journal,* and can only say: Well done, thou faithful servant!

GIVEN UP TO DIE BY DOCTOR AND PRIEST.

Given up to die by Doctor and Priest. Doctor Labored all Night but Could Not Save Him. Holy Church's Last Sad Rites were Administered. John Salaun Waited Death. Revived at the last Moment by Duffy's Pure Malt Whiskey. He is to-day a Strong, Powerful Man, Cured of Pneumonia by this Grand Medicine.

The above is the headline of the advertisement of that grand old fake, Duffy's Malt Poison, appearing in to-day's (Sunday, Nov. 20) papers. And to think of it that that rank stuff was advertised in two of our best journals, namely, *The Medical*

Record and *American Medicine!* Isn't there cause to blush? Let us hope that during the coming winter our medical journals will refuse to debauch their pages with Duffy's Malt Whiskey. If they must advertise whiskey—and the propriety of so doing is highly questionable—let them advertise a straight article, and not one which is advertised to the laity as a cure for consumption, pneumonia, Bright's disease and a remedy by the regular use of which Mrs. Maggie Murphy—good old soul—has reached the age of 106, and is still working about without glasses.

THE ONLY MEDICO-PHARMACEUTICAL JOURNAL.

To whom it may concern, Greeting: Be it known by these presents, that the CRITIC AND GUIDE is the only medico-pharmaceutical journal in the United States, nay, in the entire world. True, there may be one or two chipmunk publications that call themselves medico-pharmaceutical, but the name is as far as they go. The CRITIC AND GUIDE is the only journal that has a large bona-fide paid subscription list of both pharmacists and physicians; it is the only journal that prints articles of interest to both professions, it is the only journal whose editor is in constant daily, we might say, hourly touch with the physicians and pharmacists (knowing the pulse of both as very few men know); it is the only journal, in short, that is expected with about the same eagerness behind the prescription counter as it is in the doctor's office. Quod erat demonstrandum.

HEAR THE OTHER SIDE:

Yes, I believe in hearing the other side. I read everything that comes along. The titles alone of the journals that I read and have to read monthly would fill many pages of the CRITIC AND GUIDE. In the trashiest publications, mixed with the veriest rot or most insane drivel, I find occasionally a good idea, a word of Truth. While the best of our journals not infrequently contain things which most decidedly "ain't so." It is all a matter of proportion. No, I am not afraid to read anything. When do I take the time to read both the Good Stuff and the Trash? Oh, we all have lots of time, if we only know how to utilize it, and possess the intuition quickly to separate the wheat from the chaff.

THE RELATIVE FECUNDITY OF THE RICH AND THE POOR.

In connection with our editorial, Few or Many Children, published in the October issue, the remarkable statistics collected and published by Bertillon of Paris cannot fail to prove of deep interest. He tabulated the number of births per 1,000 women, per annum, in different quarters of London, Paris, Berlin and Vienna. The results are as follows: Very poor, 147 births per 1,000 women, per annum; poor, 140; comfortable, 107; very comfortable, 107; rich, 87; very rich, 63. For Paris, the correspond-

ing figures are: 108, 95, 72, 65, 53, 34. For Berlin: 157, 129, 114, 96, 63, 47. For Vienna: 200, 164, 155, 153, 107, 71. When we add these figures, which may be considered substantially correct for all other large cities and strike an average, we obtain the folowing results: Very poor, 153; poor, 132; comfortable, 112; very comfortable, 105; rich, 78; very rich, 51.

The number of births among the very rich may be, and we believe is, too small, but the number of births among the poor and very poor is decidedly too large.

THE QUACK MANUFACTURER AND HIS PRE TYHE DOCTOR.

We have a certain amount of respect for the man who believes that "the people like to be fooled part of the time" and so being willing to oblige, fools them; we even have a certain amount of admiration for the self-confident bunco man who, after taking his victim's money goes back and borrows his wallet to carry it home in; but we have no use whatever for that individual, (or aggregation of individuals) who, pretending to serve the doctor, grows fat on the business he deprives him of. For instance, the medical press, or that all-too-large part of it, willing to sacrifice the doctor, its patron, for the greed of gain, teems with the advertisements of, say, Smith, who offers the doctor a tablet which can be used in all sorts of neuralgias or pelvic disorders. These tablets cost about ten cents per hundred and any doctor could have as good or better formulas made up for his use at about this outlay. That of itself may be all right; if the doctor wants to pay the price and use something which he is told is good (tho he doesn't know why) he has that privilege; but when this same Smith, who is taking the doctor's good money, goes to work and sells the same tablet to the laity (and at a less price, too, sometimes!), we beg to enter our protest.

Many of these pirates have not only grown obese catering to the doctor, but during that period they have managed to wheedle thousands of letters of recommendation out of the profession. Moreover the doctor—careless as he always is of his own welfare and interests—has let his patients know that he thinks Boodles' Balsam of Welshem's Wash about the best thing going, thus paving the way for his own undoing. The manufacturer, well aware of all this, and desirous of *getting the whole thing,* now comes out boldly and advertises his products in the lay press, offering as proof positive of the merit of his goods the very letters which the thoughtless doctors wrote him under the delusion that the preparations he made were for them and for them alone. Slick people, these!

Nor does the thing stop there: These two-faced concerns send out convenient little packages suitable for pocket use and with each one enclose a set of directions for self-treatment, often they go *so far as* to advise the public to "Treat yourselves" and ask

"WHY PAY MONEY TO DOCTORS?". Why, indeed, when they can pay it to them just as conveniently? In all these instances the clever "chemical companies" take care to state that their product is "endorsed by the Medical Profession" and print from ten to a hundred "letters from doctors," proof positive that this is just what is needed because "Dr. E. Z. Mark" said so. But everyone knows the lengths to which these people go; not a man who reads but has become posted along this line. And yet day after day the advertisements of such pirates appear in the columns of medical journals, to say nothing of the lay press, the next act in the game. Day after day some doctor in the guilelessness of his heart sits down and writes to Smith or Brown: "I have used your Blue Boluses with infinite satisfaction. The last patient on whom I tried them lived almost two weeks! I shall continue to use them in all cases of piles, alopecia, hepatitis, hang-nail and stomatitis pathologica. It might interest you to know that a favorite cat of mine which by accident swallowed two Blue Boluses has since grown an entirely new coat of beautiful curly fur! Your Boluses will certainly "make the hair curl."

Very much, O. F. A. Goat, M. D.

How much longer are we as a profession going to be anybody's fools? How much longer are the advertisements of such pirates as these going to appear in reputable journals? How much longer are you going to patronize those who won't cut them out? And how often, brother, are YOU going to add your endorsement to those already possessed by such people? How much longer will you be led by the nose to your own destruction?!!!

The CRITIC AND GUIDE is not hypercritical, but it is nauseated; disgusted; and henceforth the manufacturer of remedies or preparations who seeks the trade of the laity while apparently serving the doctor will not use the columns of the medical press to gain his ends—not if we know it! If it is necessary for us to point him out for you, Mr. Editor or Publisher, we will gladly do it; and if you don't cut every such ad. you're not the man we like you to be—not the man you ought to be!

Of course we cannot prevent the manufacturer who by aid of the profession has made a success of some remedy from going to the laity with it, but let him do so openly and take the consequences. And in the meantime, while his "claws are still sheathed" and the advertising is ethical, suppose practitioners generally refrain from writing fulsome testimonials for proprietaries? Some day most likely you'll read the stuff in lay-press advertising and blush! The Jack-Daws of practice, from the old woman to the Christian Scientist, prey upon the doctor and would (if they could) peck out his very eyes! For them we have the remedy in the really sensible public and straight-away pull on our part; but the wrecking influence of the manufacturing and promoting pirate is so insidious,

so damnably so, that before we know it they have the under-hold. The remedy lays with us! If we will, we can give him the genuine Jiu Jitsu knock-out.

Who stands with the CRITIC AND GUIDE to do it?

JOURNALS AND BABIES.

The most critical period in a baby's life is the second summer; the same is true of journals. When one starts out to publish a journal, he generally makes sure that he has enuf material and financial means to continue it for a year at least. It is during the second year that the clouds make their appearance. The first enthusiasm that made the editor believe that the world was eagerly waiting for his message is over; subscriptions and advertisements do not pour in as abundantly as he thinks he has a right to expect; some friends refuse to become ecstatic and doubts assail the poor editor. Perhaps he has made a mistake. Perhaps there is no field at all for such a journal. And it is then that the poor editor-publisher so frequently throws up the sponge and gives up. And as statistics show, more journals die during the second year than at any other period. If, however, that editor is of the right sort, if he believes in himself, if he really has a message to deliver, if he has a bull-dog tenacity, and a tireless perseverance, if rebuffs only strengthen him, if calumnies merely call forth a contemptuous smile—then he grits his teeth and works harder than ever. And lo, before he knows it, success and recognition are his. Editors, Publishers, do not lose courage during the second year! And be very careful not to get cholera infantum during the second summer, for that is a most critical period.

THE FUTURE OF THE CRITIC & GUIDE.

So deeply attached have some of our readers become to the little CRITIC AND GUIDE, that, solicitous of its existence, they have addressed to us inquiries regarding its future. They feared that our larger interests might induce us to discontinue the CRITIC AND GUIDE. Friends, there is such a thing as *noblesse oblige. As long as the editor live, so long will the* CRITIC AND GUIDE *live.* There is too much work, important work for it to do, that nobody else seems to be desirous or capable of undertaking. We would not be true to ourselves if we discontinued it. Its character may become more scientific, we may yield to the solicitations of our friends and make its tone more "dignified"—but live it will, and as long as it lives, it will be the same bold, fearless, sham-exposing, truth-loving, hypocrisy-hating CRITIC *AND GUIDE.*

Your interest, readers, is greatly appreciated, we assure you.

CHIPMUNK JOURNALS.

Some of my friends—I mean my real friends, not my friends in the sense in which I sometimes use the word—advised me by word and pen not to attack other journals. "Attack fraudulent manufacturers, quack nostrums, impersonal evils, etc., but leave the journals alone. They all have some power, some influence, and if you attack them, they will pay you back sometimes. Don't makes too many enemies." Who cares? *The Editor of the* CRITIC AND GUIDE *never counts the cost.* And besides, I can't help it, simply can't help it. When I see so-called medical journals, edited by absolute ignoramuses, by men who not only lack general education, and have no idea of chemistry, bacteriology, etc., but are innocent of even the simplest knowledge of internal medicine, when I see those so-called journals filled with the stupidest rot, most unintelligible drivel and venal "write-ups" offered as medical literature—then I cannot help being intensely nauseated, and I must have my say. Yes, if three-quarters of all our medical journals were dumped in the deepest part of the Pacific ocean, we would all be better off. The only sufferers would be the printers.

WHO WILL EXPLAIN THIS?

"Away with such intellectual provender; if diseases are related the fact is in no wise difficult in the actual clinical data from the hands of many physicians, and if any fact of a connecting character arises it must and will be here noted, rather than in speculative parlance. Let us strive to study disease as we find it, and then if any circumstance or thing becomes evident whereby more light can be thrown thereon, gladly accept it and not pause to claim a similarity of this, that, or any other disease until more symptoms and results of a character identity be found than a dissimilarity of a character individual be manifest."

The above is the concluding paragraph of an "editorial" entitled: The Individuality of Disease, in a journal called the *Medical Summary* (November). It is reproduced word for word. I have read Plato and Aristotle and I have struggled with fair success with Hegel's Philosophy and Kant's Critique of Pure Reason, but I confess I have but a vague, hazy idea of what the editor meant to convey to his readers. And on such stuff are our backwoods doctors fed, such idiocy is offered them as their monthly mental ration.

RAISON D'ETRE.

Every journal must have a reason for its existence. Nobody has a moral right to establish a journal for the mere purpose of pecuniary gain or personal aggrandizement. There is no objection to any pecuniary profit that may accrue to the editor for his labor; the laborer is worthy of his hire; nor is he to be grudged

any fame (empty bubble!), any recognition. But all these must be *secondary* considerations. If they come, well; if they do not come, also well, tho not quite so well. I wonder how many journals could give a satisfactory answer if they were asked to give the real reason for their existence.

What I have said about journals is also true of books. No one has a right to inflict a new text-book on medicine or any specialty unless he has really something new to say, or has succeeded in making the subject clearer and plainer. Every professor considers it his duty to write a text-book, and so we have dozens of text-books every year, which are not even *rehashed* from other text-books, but as Dr. Sajous says, simply *rehatched,* and which do not add one iota to our store of medical knowledge.

But there is no evil without some good. The printers and publishers have something to do.

ADULTERATION OF DRUGS A CENTURY AGO.

The pessimists, those who believe that the world is going to the dogs, that humankind is on a downward grade, that our morals are not what they used to be, are wont to assume, that all "bad things" are of more or less recent origin. The pessimists do not know history. One illustration. Drug adulteration is assumed to be a deviltry of very recent introduction. A letter written to the editor of the Lancet nearly eighty years ago, shows conclusively that our medical brethren had cause for kicking in the beginning of last century. Here is the letter (Lancet, June 24, 1826):

Sir:—As the avowed objects of The Lancet are the advantage of the profession and the good of mankind, I trust to the principles of your publication for the insertion of this letter. Medical men are aware of many adulterations of drugs by their vendors. And as most of them are acknowledged to be of very little, and others of no importance, they are assented to by one party and practiced by the other.

But there are other adulterations which are of the greatest moment, that are more dangerous, as they are of the most efficient articles in the "Materia Medica;" and still more as they are not suspected. I subjoin a list of the medicines and their most common adulterations; leaving it to some of your ingenious correspondents to suggest a remedy for this very general and enormous evil to the public and to the profession.

A General Practitioner.

Articles Adulterated: Calomel with sulphate of Lime; Opium with Spanish juice; Sulphate of Quinine with Starch; Iodine with Charcoal; Croton Oil with any fixed Oil; Tartarized Antimony with Super-Acetate of Potash; Epsom Salts with Glauber Salts; Magnesia with Chalk; Elaterium with the fæculent Matter of the Preparation; Blistering Plaster with Linseed Pow-

der; Prussic acid is a preparation of such variable quality, that a fatal dose of the acid obtained from one druggist, may be given tripled, with impunity, when purchased of another.

JOY OVER PERUNA.

There is joy amongst the druggists because on account of some new contract-plan, they are going to make 1-32 of a cent more on each bottle of Peruna. A ship was going under, and while it was sinking some of the passengers occupied themselves by picking up the crumbs which were falling from the tables. What has the ship to do with Peruna? Nothing. Tell you some other time.

FOOD PRESERVATIVES.

The subject of food preservatives is a large one and I do not intend to go into the *pros* and *cons* at the present time. On the whole I think we are better off without them and I believe if used at all it should be done under the strictest federal supervision. Whatever the merits of the defenders of food preservatives may be, there can certainly be no objection to stating on the label the kind and amount of preservative used. If people wish to buy embalmed beef or formaldehydized milk—let them. But let them know what they are buying. And let us protect those who prefer not to buy articles of food bequeathed to us from the last century.

Incidentally I will remark that Dr. Wiley's is a great mission; he is engaged in a grand and noble work—second in importance to none in the world.

WHY DO THE NON-CIVILIZED RACES BEAR WOUNDS AND INJURIES BETTER THAN WE DO?

I have been following carefully the reports of injuries to natives of semicivilized countries, especially in tropical regions, and one cannot help believing that there is something either in the blood of the savage, or in the atmosphere of the country, which makes towards tissue repair. Many injuries which in our people would prove almost or quite inevitably fatal, are borne by the savage almost with impunity, and the rapidity with which bullet wounds, frightful lacerations, etc. heal and by primary intention is perfectly marvelous. Here for instance is a case reported by a medical officer of Brabant's horse in the Scottish Medical and Surgical Journal. Who can read it without feeling sure that a similar injury to an American would prove rapidly fatal? Judge for yourselves. The officer writes:

"After a tough fight, I discovered a wounded native crawling toward a pool of water near at hand. His wound was fearful. The abdomen was ripped open right across by a Snider bullet, his entrails protruding, one of the small intestines severed, the two ends trailing on the grass as he crawled along. My medicine chest, carried in my pocket, consisted of some pins and needles,

white thread, a pair of sharp scissors and a two-bladed knife, one of the blades kept always very sharp. I turned the poor chap on his back, brought him water in my helmet, and began to do for him what I could. The puzzle was how to unite the severed intestine. Now, close at hand, growing out of the pool of water I spoke of, were a number of Spanish reeds. These reeds are a kind of exaggerated grass an inch in diameter when full grown, resembling the camboe in so far that there are "knots" or joints every nine inches about. I chose one of these just coming out, and therefore quite soft and pulpy, half an inch in diameter; I cut a length two inches and a half with a "knot" at the middle to keep it strong enough to bear fair pressure. With my sharp knife I fashioned it slanting inward, so as to enter the intestines easily; I carefully took the core out of the "knot" and I had a tube of soft vegetable substance likely to bring my intended operation to a successful termination if recovery was at all possible. Going back to my patient, I inserted my tube in both the dissevered ends of the intestine, put in three stitches to keep them together, gathered all the bowels into the peritoneum, stitched it, stitched along the thick abdominal covering, and bidding my patient good luck I left him in charge of a native prisoner, whom I released for the purpose. Less than a month afterward, a stalwart healthy-looking Kaffir appeared before me, bringing two fine cows which he wanted the "Inkosi" to accept. This Kaffir was my patient, perfectly recovered, the only trace of the wound left being a long scar on the abdomen.

MATERNAL IMPRSESIONS.

The subject of the influence of maternal impressions in producing deformities or marks in the fetus has always possessed a deep interest to the philosophically or mystically inclined. The supporters and the opponents of the belief in maternal impressions have waged war from time immemorial, and we are no nearer the solution of the problem than we were 100 years ago. The sceptics say that the belief is based on grandmothers' stories, and that there are no authenticated cases, where the connection between a maternal impression and a deformity in a child could be traced in an unimpeachable manner. As Cook says: "Examined by cold logic in the early morning, when the mind is free from 'cobwebs,' keeping in view the laws of symmetrical development which cannot be warped by the desires or emotions of a susceptible mother, the belief does not appear to have any foundation in reason or fact."

The argument of the opponents of the maternal-impression theory is in the main as follows: There is no direct vascular connection between mother and fetus; the villi of the fetal vessels dip down into the placental sinuses supplied with blood from the *uterine* vessels, and the fetus gets its nourishment by a process

of osmosis. Nor is there any nervous connection between mother and fetus. (As is well known, the umbilicus contains no nervous filaments.) In other words, the fetus is more or less in the relation of a foreign body. This being the case, how can the mother's impressions or thoughts affect the fetus? But even if the fetus did have a direct vascular and nervous connection with the mother, how could her visual impressions or aural impressions, her likes or dislikes, her fright, etc., produce a *localized* impression on the fetus, such as a nevus, a club-foot, an amputated arm, a harelip, etc. It is impossible, for our reason refuses to admit such a possibility.

To all of the above, the believers in maternal impressions calmly reply, that whether theoretically possible or impossible, whether susceptible of an explanation or not, the influences of maternal impressions *is a fact,* and that's all there is to it, and they bring hundreds of instances, apparently well authenticated. Here are a few: A man chopping wood cut off his great toe in the presence of his employer's wife, who was pregnant, and the child was born with one great toe missing. Another pregnant woman was horrified by seeing a pitchfork run into the hand of one of her children. Her next child was born with the right hand entirely missing. Another pregnant woman had an earring forcibly torn through the lobe of her ear; her child was born with a similar slit in the lobe of the ear. A woman tread on a dead animal and was frightened by seeing its eyes pop out. Her child was born with very prominent eyes. Another woman, in the beginning of her first pregnancy, sat down at a table opposite three sisters, each one of whom had harelip. The first sight made her so faint that she had to leave the table. At the normal term she was delivered of a child that had double harelip. To ascribe all such occurrences to mere coincidence is certainly stretching matters too far. The sceptics, however, are not dismayed. In the harelip case, for instance, they argue as follows: Thousands of children are born with harelips whose mothers had never seen a harelip; by what influence was the harelip produced in such cases? On the other hand, many cases are on record where pregnant women saw harelip, feared that their children would be similarly affected, and nevertheless they were born normal. The role of maternal impressions must, therefore, be very insignificant or nil.

And so the matter stands. One side refuses to admit the possibility of the influence of maternal impressions until a rational scientific explanation of the modus operandi can be given; the other side answers that there are more things on earth—or between mother and child—than are dreamed of in our philosophy, and says that facts count for more than theories.

The last issue of the *Therapeutic Review* (October) contains three full pages of advertising of Summer's Organic Chemical Company. *Quod erat demonstrandum.*

IS IT FUTILE TO FIGHT THE PATENT MEDICINE EVIL?

"Imagine Mr. Bok with a copy of the *Ladies' Home Journal* in his hand and Dr. Robinson clutching a June number of the CRITIC AND GUIDE in a frantic effort to sweep back the waves hurdling upon the beach of "Old Coney." Ridiculous as the proposition is I believe it no less possible than it would be for them in their editorial capacity to stop the cumulative effect of years of intelligent, well-directed advertising." So says a writer in the *American Advertiser* (October). Perhaps. Perhaps if the *Ladies' Home Journal* and the CRITIC AND GUIDE were the only influences at war with the nostrum evil, the task would be a hopeless one. But other, mightier influences are at work. We hope to enlist the co-operation of the federal government, which can aid us very much by issuing fraud orders against the baser and viler specimens of the patent medicine mongers. And what is most important—the public itself is awaking to the silliness and injuriousness of the patent medicine habit. It is not fully awake yet—not by any means. But it is slowly waking up—and our agitation must be kept up in order to fully arouse it.

BEGINNING TO SEE THE LIGHT.

One by one the Good but Misguided people are beginning to see that they were *mistaken.* They are beginning to acknowledge—oh, I know what is going on—that the CRITIC AND GUIDE is really a fair journal, with another mission than that of hammering non-advertisers or puffing the products of advertisers. The editor is still a crank, a knocker, a lunatic, but he is no longer accused of having mercenary motives. *Veritas praevalebit.* Wait another year and perhaps most people will acknowledge that the CRITIC AND GUIDE is not only a fair journal, but a great journal, and as to honesty, that no more honest journal has ever been, or ever could be published.

* * *

An old maiden lady eagerly picked up a pamphlet on our office desk, entitled: Facts About Fellows. Her disappointment was great, when on opening the pamphlet she noticed that it was all—about Fellows' Syrup of Hypophosphites.

* * *

In Therapeutics one honest man's opinion is as good as another's.

* * *

The good people who for selfish reasons prevented the consolidation of the N. Y. S. Medical Association with the N. Y. S. Medical Society should be taken out into the street and given a public spanking. There is no necessity, no excuse for the existence of two regular medical societies in one state. But alas, for human selfishness!

A TREATISE

ON

Prescription Incompatibilities and Difficulties

Including Prescription Oddities and Curiosities.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation*)

184.—Potass. Permang 3ss
Ac. Salicylici 3j
Aquæ ..... Oj
S.: Dip a cloth into the solution and apply to ulcer changing every half hour.

A black mixture is obtained at once. The potassium permanganate becomes reduced to potassium manganate and manganese dioxide; while the salicylic acid is decomposed into formic acid and carbon dioxide. The reaction may be expressed as follows:

$$HC_7H_5O_3 + 10KMnO_4 + H_2O = 4HCHO_2 + 3CO_2 + 5K_2MnO_4 + 5MnO_2$$

Salicyl. Acid; Potass. Permang.; Water; Formic Acid; Carbon Dioxide; Potass. Manganate; Mangan. Dioxide

Of course, it should be understood that all statements concerning reactions in which potassium permanganate is one of the factors are only relatively correct; because the reaction depends to a great extent upon the quantity of the permanganate present, the concentration of the solution, the temperature employed, etc. For instance, there can be no doubt that if sufficient permanganate be present, even the formic acid will undergo further oxidation until it is split up into carbon dioxide and water; thus: $HCHO_2 + O = CO_2 + H_2O$.

The patient who had an ulcer of many years' standing said that he had derived more benefit from this mixture than from anything he had ever used. His ulcer was eventually healed. Was it time for it to get healed, was it the formic acid, was it the balance of the undecomposed salicylic acid—who will say?

185.—Codeinæ ..... gr. iv
Ammon. Chlor 3j
Syr. Ipecac 3ij
Syr. Tolu ..... ʒi
Aquæ ..... q.s. ad ʒij
S: Teaspoonful every 3 hours.

This prescription cannot be considered incompatible. It is true that codeine, having a strong alkaline reaction, liberates some ammonia gas from the ammonium chloride (the same as potassa or soda does), but the quantity is so small that it may be disregarded. It is best not to bring the codeine and the am-

monium chloride together at once, but to dissolve each separately and then mix the solutions.

186.—Ol. Tiglii..... min. viij
Ol. Ricini..... ʒi
Glycerini ..... ʒiij
S.: Teaspoonful every hour until bowels have operated freely.

Physicians and many druggists regard glycerin in the nature of a fat or fixed oil, and think that both fixed and volatile oils are freely miscible with it. They are quite surprised when they find out that the contrary is the case. The people attending the patient must be directed to very thoroughly shake the bottle each time before administering the medicine. Otherwise the mixture of the two oils will be on top of the glycerin, and the patient may get all or half of the croton oil at one dose. The dose of the croton oil—2 drops every half hour—seems rather large, but as it was for a case of lead colic, where a quick operation was absolutely necessary, it was probably all right.

187.—Ac. Salicylici..... ʒss
Aquæ Calcis..... ℥viij
S: Apply externally.

Glancing casually at the prescription we might think that the greater part of the salicylic acid will remain undissolved; the solubility of salicylic acid in water being 1 in 450, only about 1 grain dissolves in one ounce of water, and it would require about 28 ounces of water to dissolve the entire quantity of salicylic acid prescribed. But in this case we get a perfectly clear solution, the reason being that a chemical reaction takes place, the salicylic acid combining with the calcium hydroxide to form calcium salicylate. Of course the lime water must contain some lime. Some samples which I had occasion to analyze were found to be absolutely free from lime.

188.—Ac Salicylici ..... gr. x
Hydrarg. Chlor. Mitis ..... gr. x
Liq. Calcis..... ʒij
S: Apply externally as directed.

This prescription has caused considerable trouble in one drugstore. The first time the proprietor made it up, and he dispensed it as a mixture with a white sediment; on being renewed, the clerk dispensed it, and it was a black mixture. The patient brought it back and a lot of explanations had to follow. The first time it was made up by adding the salicylic acid to the lime water; that neutralized the calcium hydrate, forming calcium salicylate [$Ca(OH)_2 + 2\,HC_7H_5O_3 = Ca(C_7H_5O_3)_2 + 2H_2O$] *on then* adding the calomel, no further reaction took place, and *the result* was a white mixture. The second time the calomel was

added directly to the lime water; that produced the black oxide of mercury [$Ca(OH)_2 + Hg_2Cl_2 = Hg_2O + CaCl_2 + H_2O$], which remained unchanged on the subsequent addition of salicylic acid.

189.—Tr. Nuc. Vom..... ℥iss
Tr. Ferri Chlor..... ℥iv
Potassii Hypophosph..... ℥il
Sodii Hypophosph. }
Calcii Hypophosph. } ..... āā ℥iij
Essence Peps. (Fairchild)..... ℥j
Elixir Peptenzyme..... ℥j
Glycerini..... ℥ss
Aquæ .....q. s. ad ℥vj
S: ℥i ter in die, post cibum.

The correspondent sending this prescription asked what the matter with it was, and whether it should have been dispensed as written. This is a very nice prescription, theoretically. The doctor seeks to combine the tonic effect of nux vomica, the hematinic actions of the iron, the neuro-nutrient effects of the three hypophosphites, and the digestive effects of pepsin and peptenzyme. But the mixture cannot be dispensed; not in a presentable form, at any rate. The trouble is between the hypophosphites and the ferric chloride; the insoluble ferric hypophosphite forms at once and precipitates. If the solutions are concentrated enough, a gelatinous almost solid mass is produced. Can this precipitation be prevented? Well, by using a sufficient amount of hypophosphorous acid or potassium (or sodium) citrate, it can; but this prescription already contains so many ingredients that it is hardly justifiable to add any more. The tincture of iron might be left out altogether. However, there is a better way, which will certainly appeal to the physician, and that is to substitute another ferric compound for the ferric chloride. The most eligible salt in this case is either the ferric citrate (Ferri citras U. S. P.) or the ammanio-ferric citrate (Ferri et amonii citras, U. S. P.). The first salt, being but very slowly soluble in cold water, would have to be dissolved in hot or boiling water and mixed with the other ingredients. No precipitation takes place between these ferric salts and the hypophosphites. As to the amount of ferric or ammonioferric citrate which corresponds to the quantity of tincture ordered, a slight calculation will give the result. Tincture of iron contains an amount of Fe_2Cl_6, corresponding to 4.7 per cent. of metallic iron; the above referred to two citrates of iron contain 16 per cent. of Fe. Seventy-one grains of the latter will, therefore, be the equivalent in metallic iron of half an ounce of the former.

(To be Continued)

A TREATISE ON NEW REMEDIES.

Their synonyms, physical properties, therapeutic action, incompatibles, best combinations, antidotes, etc.

By WILLIAM J. ROBINSON, PH.G., M.D.

(*Continuation.*

Guaiacol phosphal. See Guaiacol Phosphite.

Guaiacol Phosphite. Guaiacol–Phopsphal. $(C_6H_4OCH_3)_3PO_3$. White crystalline powder, odorless. pungent taste, somewhat soluble in water and glycerin, very sol. in strong alcohol. Antitubercular. Dose 3 to 10 grs. 3 times a day.

Guaiacol Piperidin. Guaiaperol. Piperidin Guaiacolate. Colorless crystals, soluble in water. In tuberculosis. Dose. 5 to 30 grs.

Guaiacol Valerianate. Geosote. A combination of guaiacol and valerianic acid. Yellowish oily liquid, empyreumatic odor, sweetish, then bitter taste. It is recommended as a substitute for guaiacol and claimed to be superior to it. Dose: 3 to 10 min. in capsules.

Guaiaform. Diguaiacolmethylene. A combination of guaiacol and formaldehyde. Yellow- practically odorless and tasteless powder (acquires a somewhat vanilla like odor). Contains 95% for guaiacol. Is insoluble in water, soluble in alcohol and in strong alkaline solutions. Recommended in tuberculosis in the same doses as guaiacol.

Guaialin. A guaiacol combination of indefinite composition. Claimed to be the benzoic acid ester of methylene diguaiacol. Dose: 10 to 20 grs.

Guaiacyl. Guaiacol-sulphonate of calcium. A bluish gray or yellowish gray powder, odorless, astringent-sweetish taste, soluble in water and in alcohol, insoluble in fatty oils. Used as a local anesthetic in dental and minor surgery.

Guaiamar. Guaiacol-glycerinester C_6H_4: (OCH_3) OC_3 H_7O_2. White crystalline powder, of a bitter taste, soluble in water, alcohol and glycerin. Antitubercular, intestinal antiseptic (in typhoid fever etc.). Dose: 5 to 20 grs. Externally in acute articular and gonorrheal rheumatism. Formula for internal administration: Guaiamar, alcohol each 6 drams, glycerin 10 drams, water 2 ozs. Externally: guaiamar 2 dr., woolfat 6 drams; or guaiamar, extr. of belladdona, mercurial ointment and woolfat, each equal parts.

Guaiaperol. See Guaiacol Piperidin.

Guaiaquin. Quinine Guaiacol-bisulphonate. From quinine and guaiacolsulphonic acid. Yellowish powder, of a bitter taste, sol. in water, alcohol and dilute acids. Offered as a substitute for guaiacol. Dose: 1 to 5 grs.

Guajasanol. Guiasanol. Diethyl glycocol-guaiacol hydrochlorate. White crystalline powder, slight odor of guaiacol, salty bitter taste, soluble

in water. Non caustic and claimed to be non-toxic. As a guaiacol substitute in tuberculosis. Dose: 15 to 45 grs. 3 to 4 times a day in powder or cachets.

Hedonal. Methyl-propyl-carbinol urethane. White crystalline powder, insol. in cold water, but sol. in warm water and alcoholic liquids. Best administered dry, in wafers or capsules. Mild hypnotic, claimed to be perfectly harmless. Dose: 15 to 30 grs.

Helcosol. See Bismuth pyrogallate.

Helmitol. Hexamethylen-tetramin-anhydro-methylen citrate. Colorless crystals, soluble in 15 p. of water; almost insoluble in ether. Dilute acids decompose it slowly; it is very easily decomposed by alkalies under the formation of free formaldehyde. Dose: 15 grains, three or four times daily. Indicated in cases of cystitis with ammoniacal fermentation; said to be free from any irritating effect upon the gastro-intestinal tract and urinary organs.

Hemaboloids. A liquid preparation of organic iron; the iron is claimed to be in combination with vegetable nucleo-albumens. Also prepared with arsenic and strychnine, each tablespoonful containing $^1/_{40}$ gr. of the former and $^1/_{80}$ gr. of the latter. Is generally considered a good tonic.

Hematogen (Hommel). A preparation of defibrinated beef blood mixed with glycerin and Malaga wine. A clear dark red liquid. Hematinic. Dose: One to two tablespoonfuls; for children, one to two teaspoonfuls. Quite popular in Germany.

Hetol. A trade name for chemically pure sodium cinnamate. q. v.

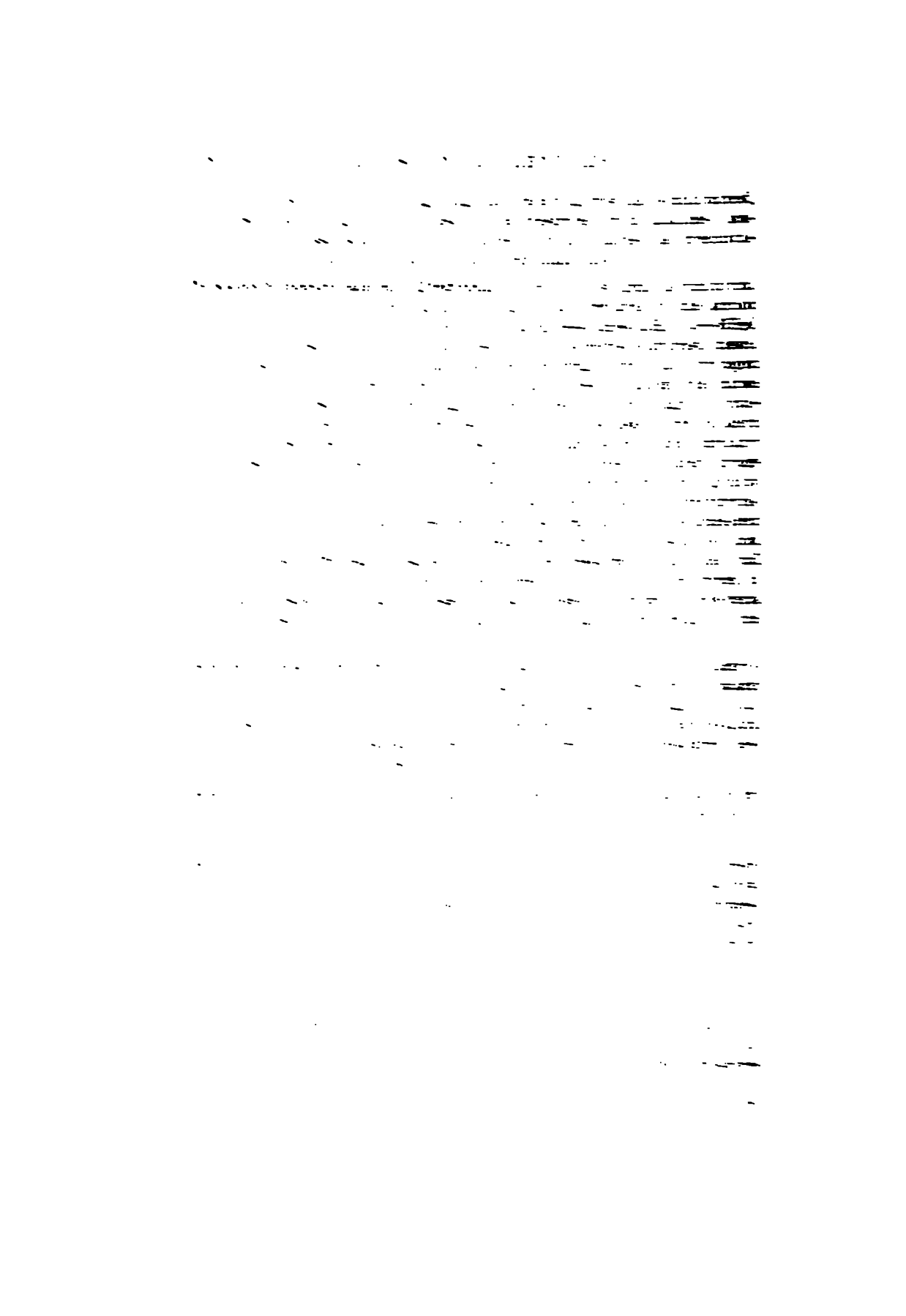
Hemicranine. Said to consist af phenacetin 5 parts; caffeine, 1 part and citric acid, 1 part. In migraine and headaches. Dose: 5 to 10 grs.

Hemogallol. Deoxidized hemoglobin. Hemoglobin from ox blood, deoxidized by the action of pyrogallol. Reddish brown powder, slight taste, insoluble in water, alcohol, glycerin. Hematinic. Dose: 4 to 12 grs. 3 times a day.

Hemol. Deoxidized hemoglobin. Hemoglobin deoxidized by the aid of zinc. Contains organic iron with traces of zinc. Dark brown powder, odorless, insoluble. Dose: 2 to 10 grs.

Hermophenyl. The sodium salt of mercury-phenoldisulphonic acid. White amophous powder, soluble in 5 to 7 parts of water. Contains 40 per cent of mercury. Antiseptic and claimed to produce no caustic effect on the skin or mucous membranes. Used in 1 to 3% solutions. There is a soap manufactured containing 1% of hermophenyl, which Berard says is excellent for the surgeon's hands.

Heroin Hydrochlorate. Diacetyl-morphine. $C_{17}H_{17}NO_3(C_2H_3O)_2$. The diacetic ester of morphine. Morphine in which two hydrogens have been replaced by two acetyl groups. White crystalline powder, bitter taste, soluble in water. This drug has in a short time established for itself a definite and permanent place in therapeutics. It is used chiefly, and now perhaps exclusively, for its sedative action on the respiratory



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WILLIAM J. ROBINSON PH.G. M.D., EDITOR.

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OR shall we indeed expect that back of every medical publication must stand some money-making influence? Sometimes it appears so. Shall the literary pages of medical journals in the future be controlled by manufacturing chemists? We trust not. The editorial and scientific pages must be wholly uninfluenced by any such forces, or else practical medicine must rapidly sink to the methods of the grocery store and dry goods counter. Hence, it behooves the medical profession to discourage in every way those publications which obviously reveal the influence of the manufacturer. Patronage to such publications should be discontinued and no reputable medical writer should allow his name to appear therein in connection with an original article.

St. Louis Courrier of Medicine.

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